

OREGON OSHA

Batch ID: 422

Employer / Loc: 7015852 000 Seq: 004

Employer Name: KENNETH HUDSON & JOAN HUDSON

File Type / No: INSPECTION 317716909

No. of Pages:

Comments:



01317716909004

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | |
|---|---|--|----------------------------|--|---|--|---|---|--|---|---|--|--|--|---|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature X <i>Kenneth E Hudson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | | | | | | | | | | | | | |
| <p>1. Article Addressed to:</p> | | <p>B. Received by (Printed Name) <i>KEN HUDSON</i></p> | <p>C. Date of Delivery</p> | | | | | | | | | | | | |
| <p>Kenneth Hudson & Joan Hudson H 7015852-000 317716909 (91) 06/23/2017 HL</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>JUN29'17 OR OSHA SCO</p> | | | | | | | | | | | | | |
| <p>2. Article Number (Transfer from service label) 7016 2140 0000 2460 7323</p> | | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table> | | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | | <p>Domestic Return Receipt</p> | | | | | | | | | | | | | |

USPS Tracking® Results

Tracking

Track Another Package +

Tracking Number: 70162140000024607323



Delivered

Updated Delivery Day: Monday, June 26, 2017 ⓘ

Product & Tracking Information

See Available Actions

Postal Product:

Features:
Certified Mail™

| DATE & TIME | STATUS OF ITEM | LOCATION |
|---|---------------------------------|----------------------|
| June 26, 2017, 12:49 pm | Delivered, Left with Individual | THE DALLES, OR 97058 |
| Your item was delivered to an individual at the address at 12:49 pm on June 26, 2017 in THE DALLES, OR 97058. | | |

Oregon Department of Consumer and Business Services

Oregon Occupational Safety and Health Division (Oregon OSHA)

16760 SW Upper Boones Ferry Rd, Suite 200

Tigard, OR 97224

Phone: 503-229-5910

LETTER OF CORRECTIVE ACTION

Citation 2 Item 3 The information was not accessible and legible, as specified in 40 CFR 170.135(e) and (f).

Correction Required Date: 07/03/2017

Date Corrected: 06-27-17

Describe Correction:

✓ THE INFORMATION IS NOW POSTED IN THE OFFICE THAT IS ACCESSIBLE.

Citation 2 Item 4 The employer did not develop, implement, and maintain an effective written hazard communication program specific to their workplace that included a description of their procedures or methods for meeting the requirements of this Hazard Communication Standard for Agricultural Employers including paragraphs (5) Labels and other forms of warning, (6) Safety data sheets, and (7) Employee information and training.

Correction Required Date: 07/03/2017

Date Corrected: 06-27-17

Describe Correction:

✓ A HAZARD COMMUNICATION PLAN HAS BEEN POSTED. THE SAFETY DATA SHEETS HAVE BEEN UPDATED + MADE ALPHABETICAL.

RECEIVED

JUL 06 2017

DCBS/OR-OSHA
Portland Office

Kenneth Hudson & Joan Hudson

Friday, June 23, 2017

9:02:59 AM

Page 2 of 4

Inspection Number: 317716909

Inspection Date(s): 05/11/2017-05/25/2017

Issuance Date: 06/23/2017

Optional Rpt Num: S2025-018-17

Oregon Department of Consumer and Business Services

Oregon Occupational Safety and Health Division (Oregon OSHA)

16760 SW Upper Boones Ferry Rd, Suite 200

Tigard, OR 97224

Phone: 503-229-5910

LETTER OF CORRECTIVE ACTION

Citation 2 Item 5 SDSs (Safety Data Sheets) were not readily accessible to all employees on all shifts and when employees worked at more than one workplace, the SDSs were not kept at the primary workplace.

Correction Required Date: 07/10/2017

Date Corrected: 06-27-17

Describe Correction:

✓ OFFICE WAS OPENED & SDSs WERE BETTER LABELED &
ORGANIZED.

Kenneth Hudson & Joan Hudson

Friday, June 23, 2017

9:02:59 AM

Page 3 of 4

Inspection Number: 317716909

Inspection Date(s): 05/11/2017-05/25/2017

Issuance Date: 06/23/2017

Optional Rpt Num: S2025-018-17

Oregon Department of Consumer and Business Services

Oregon Occupational Safety and Health Division (Oregon OSHA)

16760 SW Upper Boones Ferry Rd, Suite 200

Tigard, OR 97224

Phone: 503-229-5910

LETTER OF CORRECTIVE ACTION

There are a total of 3 item(s) to be abated.

If you were cited for any safety committee violations, please answer if this contact with Oregon OSHA assisted you in making your safety committee more effective: Yes _____ or No _____

Comments:

I certify that the above violations have been abated/corrected as documented by the date abated and the corrective action taken.

Employer Signature: *Ken Hudson* Name: Ken Hudson
(Print)

Title: OWNER Phone: 541-478-3409 Date: 06-27-17

Oregon OSHA Reviewer's Signature: *John J. [Signature]* Date: 7/12/17

Proven
7/12/17

RECEIVED

JUL 06 2017

DCBS/OR-OSHA
Portland Office

JUL20'17 OR OSHA 500

Kenneth Hudson & Joan Hudson

Friday, June 23, 2017

9:02:59 AM

Page 4 of 4

Inspection Number: 317716909

Inspection Date(s): 05/11/2017-05/25/2017

Issuance Date: 06/23/2017

Optional Rpt Num: S2025-018-17

Oregon Department of Consumer and Business Services

Oregon Occupational Safety and Health Division (Oregon OSHA)

16760 SW Upper Boones Ferry Rd, Suite 200, Tigard, OR 97224

Phone: 503-229-5910



INVOICE/DEBT COLLECTION NOTICE

Company Name: Kenneth Hudson & Joan Hudson
Inspection Site: 1020 Mosier Creek Rd Mosier, OR 97040
Issuance Date: 06/23/2017

REPRINT

Summary of Penalties for Inspection Number 317716909

| | |
|---------------------------------|------------------|
| Citation 1, Serious | \$ 150.00 |
| Citation 2, Other than Serious | \$ 0.00 |
| Total Proposed Penalties | \$ 150.00 |

PLEASE RETURN COPY OF THIS INVOICE WITH PAYMENT

Oregon Revised Statutes, Chapter 654, the Oregon Safe Employment Act. Subsection 654.086(3) states: "When an order assessing a civil penalty becomes final by operation of law or an appeal, unless the amount of penalty is paid within 20 days after the order becomes final*, it constitutes a judgment and may be filed with the county clerk in any county of this state. The clerk shall thereupon record the name of the person incurring the penalty and the amount of the penalty in the judgment docket. The penalty provided in the order so docketed shall become a lien upon the title to any interest in property owned by the person against whom the order is entered, and execution upon a judgment of a court or record." *(Final order is defined as 30 days after receipt of the citation, unless it is appealed.)

To avoid additional charges, remit the total amount of the uncontested penalties summarized above. Please pay online at <http://osha.oregon.gov/rules/enf/Pages/citations.aspx>, call 503-947-7891 to pay by credit card over the telephone, or remit payment promptly to the mailing address shown below. Make your check or money order payable to: "Department Of Consumer & Business Services (DCBS)". **Please write Inspection Number 317716909** on the remittance and include a copy of this invoice with your payment.

Mail your payments to: **DCBS**
Fiscal Services Section - Oregon OSHA
PO Box 14610
Salem, OR 97309-0445

Muc
\$150.00

070617-017-008-001 0345 0000015000

Employer ID #: 7015852-000

Company Name: Kenneth Hudson & Joan Hudson

Opt Rpt Num: S2025-018-17

Region ID #: 1054191

Fiscal use only 51101 0345

50317716909062320170000150003



Citation and Notification of Penalty

To:

Kenneth Hudson & Joan Hudson
1020 Mosier Creek Rd
Mosier, OR 97040

Inspection Number: 317716909(91)

Inspection Date(s): 05/11/2017-05/25/2017

Issuance Date: 06/23/2017

Optional Rpt Num: S2025-018-17

Employer ID No: 7015852-000

Inspection Site:

1020 Mosier Creek Rd
Mosier, OR 97040

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated.

In the interest of assuring a safe and healthy workplace, the Oregon Occupational Safety and Health Division (Oregon OSHA) conducted an inspection at a workplace under your control. During this inspection, violations of the Oregon Safe Employment Act and occupational health and/or safety rules were found.

This citation lists the violations and a date by which they must be corrected. If you are not able to correct the violations by the correction date, you must apply for an extension of the correction date by following the instructions outlined later in this citation. Oregon laws require that under certain conditions violations of occupational safety and health rules carry a civil penalty. If penalties have been assessed on this citation, they have been computed in conformity with Oregon Administrative Rules, Chapter 437, Division 1. If you want to appeal this citation, file your request for hearing within 30 calendar days as outlined on the next page. If you choose not to appeal this citation, it becomes a final order 30 calendar days after receiving it. You must abate the violations referred to in this Citation by the dates listed, and pay the proposed penalties.

An effective Safety and Health program not only assures the correction of cited violations, it also requires actions to prevent violations from recurring. Through continued cooperation of employers, employees and Oregon OSHA, a safe and healthful workplace for all Oregon employees can be achieved.

Michael D. Wood, Administrator
Oregon OSHA

COPY

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited has (have) been abated, or for 3 working days (excluding weekends and holidays), whichever is longer.

Penalty PAYMENT - Penalties are due 20 days after the citation becomes final order (which is 30 days after receipt of this citation, unless appealed). Either make your check or money order payable to "Department of Consumer & Business Services (DCBS)", and mail to **DCBS, Fiscal Services Section, PO Box 14610, Salem OR 97309-0445**, or pay online at <http://osha.oregon.gov/rules/enf/Pages/citations.aspx>. Please include the Inspection Number on the remittance and return a copy of the invoice with payment. Oregon OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if they do not exist.

Employer APPEAL Rights - To appeal a citation, you must clearly state in writing that you are requesting a hearing on the citation and specify the alleged violation(s) contested and the grounds upon which you consider the citation, proposed penalty(ies), or correction period to be unlawful. The request for an appeal must be filed within **30** calendar days of receipt of the citation. You can file an appeal in writing or on-line at osha.oregon.gov/pages/appeals.aspx. An appeal is considered filed on the date of the postmark, if mailed, or on the date of receipt if transmitted by other means. If mailed, the appeal letter should be sent to: **Oregon OSHA, PO Box 14480, Salem OR 97309-0405.**

A request for an informal conference alone is not an appeal of a citation, and any unresolved issues discussed at an informal conference will not be forwarded for appeal unless there is a timely request for hearing filed. **If you do not request a hearing within the required time frame, this citation will become a final order that is not subject to review by any agency or court.**

IMPORTANT NOTE: Appealing a serious violation or the reasonableness of the correction date does not automatically extend the correction date. You may apply for an extension of the correction date through Oregon OSHA or request an expedited hearing on the issue of the correction date with the Workers' Compensation Board Hearings Division (Oregon Revised Statute 654.078(6)).

Letter of Corrective Action - You are required to complete and mail the enclosed Letter of Corrective Action to the appropriate field office on or before the latest correction date on the citation. Please provide a detailed explanation and supporting documentation (if necessary), such as drawings or photographs of corrected violations, purchase or work orders, air sampling results, etc.

EXTENSION of Correction Date - To apply for an extension for correcting a violation, go online to submit a written request to <http://osha.oregon.gov/pages/appeals.aspx>, or submit a written request to the **office listed on the "Letter of Corrective Action"** and include:

- (1) Employer name and address.
- (2) The location of the place of employment.
- (3) The inspection number and optional report number.
- (4) The violation number for which the extension is sought.
- (5) The reason for the request.
- (6) All available interim steps being taken to safeguard employees against the cited hazard during the requested extended correction period.
- (7) The date by which you propose to complete the correction.
- (8) A statement that a copy of the request for extension has been posted as required by OAR 437-001-0275(2)(d) and (j) or for at least 10 days, whichever is longer; and, if appropriate, provided to the authorized representative of affected employees; and, certification of the date upon which the posting or service was made.

Your request must be postmarked or received by the Department no later than the correction date of the violation for which the extension is sought.

COPY

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint with the Bureau of Labor & Industries (BOLI) no later than 90 days after the discrimination occurred.

Notice to Employees - The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date is unreasonable. The objection letter must be mailed to Oregon OSHA and postmarked within 30 calendar days of the receipt by the employer of this Citation and Notification of Penalty.

Adopting Federal Rules by Reference - Whenever federal rules have been adopted by reference, the federal rule number has been noted in the citation. If information is needed regarding the Oregon standard, contact the Oregon OSHA field office addressed at the top of the first page of this citation.

Posting on the Internet - Federal OSHA publishes information on all inspections and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to your inspection will be available not sooner than 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at www.osha.gov. If you have any dispute with the accuracy of the information displayed, please contact this office.

If you would like to discuss this citation, call the Oregon OSHA office in your area:

Portland 503-229-5910

Salem 503-378-3274

Medford 541-776-6030

Eugene 541-686-7562

Bend 541-388-6066

COPY

Oregon OSHA

Oregon Department of Consumer and Business Services

Inspection Number: 317716909

Inspection Date(s): 05/11/2017-05/25/2017

Issuance Date: 06/23/2017



Citation and Notification of Penalty

Optional Rpt Num: S2025-018-17

Company Name: Kenneth Hudson & Joan Hudson

Inspection Site: 1020 Mosier Creek Rd, Mosier, OR 97040

Citation 1 Item 1 Type of Violation: **Serious**

40 CFR 170.150(b)(3): The agricultural employer did not provide soap and single-use towels in quantities sufficient to meet workers needs:

a) During the inspection it was determined that the hand washing facility did not have soap that could be used with the water and towels. Pesticides, such as Eraser (Warning) with chlorpyrifos, had been sprayed within the past 30 days.

OR IN THE ALTERNATIVE

OAR 437-004-1110(6)(a): The employer did not provide one handwashing facility for each twenty (20) employees or fraction thereof:

a) During the inspection it was determined that the hand washing facility was incomplete. There was no soap that could be used with the water and towels.

THIS VIOLATION WAS COMPLIED WITH AT THE TIME OF INSPECTION.

Proposed Penalty: \$150.00

Citation 2 Item 2 Type of Violation: **Other than Serious**

OAR 437-004-1110(5)(a): Employer did not provide potable water that was available immediately to all employees:

a) During the inspection it was determined that the employer did not provide potable drinking water for his employee.

THIS VIOLATION WAS COMPLIED WITH AT THE TIME OF INSPECTION.

Proposed Penalty: \$0.00

COPY

Oregon OSHA

Oregon Department of Consumer and Business Services

Inspection Number: 317716909**Inspection Date(s):** 05/11/2017-05/25/2017**Issuance Date:** 06/23/2017**Citation and Notification of Penalty****Optional Rpt Num:** S2025-018-17**Company Name:** Kenneth Hudson & Joan Hudson**Inspection Site:** 1020 Mosier Creek Rd, Mosier, OR 97040**Citation 2 Item 3** Type of Violation: **Other than Serious**

40 CFR 170.122(a): The information was not accessible and legible, as specified in 40 CFR 170.135(e) and (f):

- a) During the inspection it was determined that application information had not been posted in a central area for employees to review. This information should be placed near to the pesticide safety poster. Eraser (Warning) with chlorpyrifos had been sprayed within the past 30 days.

| | |
|--|-------------------|
| Date by Which Violation Must be Abated: | 07/03/2017 |
| Proposed Penalty: | \$0.00 |

Citation 2 Item 4 Type of Violation: **Other than Serious**

OAR 437-004-9800(4)(a)(B): The employer did not develop, implement, and maintain an effective written hazard communication program specific to their workplace that included a description of their procedures or methods for meeting the requirements of this Hazard Communication Standard for Agricultural Employers including paragraphs (5) Labels and other forms of warning, (6) Safety data sheets, and (7) Employee information and training:

- a) During the inspection, a written Hazard Communication Program, with chemical list, could not be found. This program would need to include information on safety data sheets, labeling, hazard training, and other detail, as specified in the requirements. Chemicals that had been on site included, but were not limited to, Eraser (Warning) with chlorpyrifos.

| | |
|--|-------------------|
| Date by Which Violation Must be Abated: | 07/03/2017 |
| Proposed Penalty: | \$0.00 |

Citation 2 Item 5 Type of Violation: **Other than Serious**

OAR 437-004-9800(6)(b): SDSs (Safety Data Sheets) were not readily accessible to all employees on all shifts and when employees worked at more than one workplace, the SDSs were not kept at the primary workplace:

- a) During the inspection it was determined that safety data sheets were not easily accessible. They were not in order and were not accessible to workers, if needed. Chemicals used by the orchard included, but were not limited to, Eraser (Warning) with chlorpyrifos.

| | |
|--|-------------------|
| Date by Which Violation Must be Abated: | 07/10/2017 |
| Proposed Penalty: | \$0.00 |

COPY

See pages 1 through 3 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

Oregon OSHA

Oregon Department of Consumer and Business Services

Inspection Number: 317716909

Inspection Date(s): 05/11/2017-05/25/2017

Issuance Date: 06/23/2017



Citation and Notification of Penalty

Optional Rpt Num: S2025-018-17

Company Name: Kenneth Hudson & Joan Hudson

Inspection Site: 1020 Mosier Creek Rd, Mosier, OR 97040

Total Proposed Penalties:

\$150.00

COPY

See pages 1 through 3 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



OREGON OSHA INSPECTION SUPPLEMENT



1. IMIS no.: 317716909 2. Opt Rpt no.: 52025-018-17 3. Emp no.: 7015852-000

4. Date: 5/11/17 5/25/17 Time on site: 8:27 11:30 Time out: 10:58 12:06 2.5 Travel time: 1.0 phone ct

5. Total inspection time: 3+prep+trav 6. Legal entity: PARTNERSHIP

7. Legal name: Kenneth Hudson & Joan Hudson

8. DBA: MOSIER CREEK ORCHARDS DBA E-mail: Khudson@aol.com

9. Phone: 541-478-3409 Cell/fax:

10. Site address: 1020 Mosier Creek Rd, Mosier, OR 97040

11. Mailing address: 1020 Mosier Creek Rd, Mosier, OR 97040

N/A Employed in establishment 2 Covered by inspection: 2 Employed in Oregon: 2 Statewide average DART: 13. OSHA 300 Logs: year 2014 year 2015 year 2016
H I H I H I
0 0 0 0 0 0
Hours worked each year: 14,715 13,290 13,071
DART rate: 0 0 0

Formula: $H+I \times 200,000 / \text{hours worked} = \text{DART}$

15. Type of operation: Orchard 16. SIC: 0175 17. NAICS: 111339

18. Management representatives: Ken Hudson Title Owner Opening Insp. Closing
☒ ☒ ☒
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

19. Employee representatives: Intern Title
☐ ☐ ☐
☐ ☐ ☐
☐ ☐ ☐

20. Photos taken: Yes No Video: Yes No Audio: N/A (# of tapes)

21. Workers' comp. insurance carrier: SAIF Number:

22. Union name/address:

23. Does employer lease any employees? Yes No Leasing co. name: Seasonal

24. Citation copies:

COMPLIANCE OFFICER: Lori Cohen Date: 6/8/17
Print name

OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION

Location Detail Report for Scheduling Year 2016

Employer Name: KENNETH HUDSON & JOAN HUDSON

Employer Number: 7015852

Questions?

Contact
Tracy Brown
(503) 947-7424

Oregon OSHA - ENFORCEMENT

03/02/17 12:07 PM

INSPECTION SCHEDULING DATA

SAFETY Location Num. 0

List: F Rank: 2,080 Run: 2

Status: PENDING

Assigned Date:

Assigned to:

Field Office: Bend

HEALTH

List: C Rank: 85,975 Run: 2

Status: PENDING

Assigned Date:

Assigned to:

Field Office: Bend

SAFETY Location Num. 1

List: F Rank: 99,999 Run: 2

Status: DATA ERR

Assigned Date:

Assigned to:

Field Office: Bend

HEALTH

List: C Rank: 99,999 Run: 2

Status: DATA ERR

Assigned Date:

Assigned to:

Field Office:

SAFETY Location Num. 2

List: F Rank: 99,999 Run: 2

Status: DATA ERR

Assigned Date:

Assigned to:

Field Office: Bend

HEALTH

List: C Rank: 99,999 Run: 2

Status: DATA ERR

Assigned Date:

Assigned to:

Field Office:

EMPHASIS SCHEDULING DATA

| Loc No | List | Rank | Status | Assign Dt | Assigned To | Field Office | Category |
|--------|------------|------|---------|-----------|-------------|--------------|----------|
| | Pesticides | 128 | PENDING | | | Bend | H |

EMPLOYER / LOCATION INFORMATION

Employer Number: 7015852

Self Insured:

Location Number:

Legal Name: KENNETH HUDSON & JOAN HUDSON

Entity Type: PARTNERSHIP

JOAN HUDSON

OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION

Location Detail Report for Scheduling Year 2016

Employer Name: KENNETH HUDSON & JOAN HUDSON
Employer Number: 7015852

Questions?

Contact
Tracy Brown
(503) 947-7424

Oregon OSHA - ENFORCEMENT

03/02/17 12:07 PM

EMPLOYER / LOCATION INFORMATION ... continued

KENNETH E HUDSON & JOAN M HUDSON
KENNETH HUDSON
KENNETH HUDSON & JOAN HUDSON
KENNETH HUDSON, JOAN HUDSON
MOSIER CREEK ORCHARDS
MOSIER CREEK ORCHARDS DBA

Mailing Address: 1020 MOSIER CREEK RD
MOSIER, OR 97040

Location No 0

Location Address: 1020 MOSIER CREEK RD
MOSIER, OR 97040

County: WASCO

PPB SIC: 0175 DECIDUOUS TREE FRUITS

PPB NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Location SIC: 0175 DECIDUOUS TREE FRUITS

Location NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Mailing Address: 1020 MOSIER CREEK RD
MOSIER, OR 97040

Location No 1

Location Address: 1025 MOSIER CREEK RD
CAMP 1
MOSIER, OR 97040

County: WASCO

PPB SIC: 0175 DECIDUOUS TREE FRUITS

PPB NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Location SIC: 0175 DECIDUOUS TREE FRUITS

Location NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Mailing Address: 1020 MOSIER CREEK RD
MOSIER, OR 97040

Location No 2

Location Address: 1020 MOSIER CREEK RD
CAMP 2
MOSIER, OR 97040

County: WASCO

PPB SIC: 0175 DECIDUOUS TREE FRUITS

PPB NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Location SIC: 0175 DECIDUOUS TREE FRUITS

Location NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION

Location Detail Report for Scheduling Year 2016

Employer Name: KENNETH HUDSON & JOAN HUDSON

Employer Number: 7015852

Questions?

Contact
Tracy Brown
(503) 947-7424

Oregon OSHA - ENFORCEMENT

03/02/17 12:07 PM

Mailing Address: 1020 MOSIER CREEK RD
MOSIER, OR 97040

Location Address: 985 GIBBONS RD
FARM LABOR CAMP
MOSIER, OR 97040

Location No 3

County: WASCO

PPB SIC: 0175 DECIDUOUS TREE FRUITS

Location SIC: 0175 DECIDUOUS TREE FRUITS

PPB NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Location NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

INSPECTION HISTORY

| Location Number | Inspection Number | Report Number | Date of Inspection | Type of Inspection | Scope of Inspection | Category | Inspector |
|-----------------|-------------------|---------------|--------------------|--------------------|---------------------|----------|----------------|
| 1 | 303355929 | 000-00 | 08/24/2000 | Programmed | No Inspection | Safety | Q6922 TYLER |
| 1 | 304225790 | 076-01 | 06/20/2001 | Programmed | Comprehensive | Safety | Q6922 TYLER |
| 1 | 308458322 | 064-05 | 06/29/2005 | Programmed | Comprehensive | Safety | B7274 GOLIK |
| 1 | 311708705 | 090-08 | 07/08/2008 | Programmed | Comprehensive | Safety | G4243 CORNEJO |
| 1 | 312718364 | 078-09 | 06/24/2009 | Programmed | Comprehensive | Safety | Q6922 TYLER |
| 1 | 317712855 | 055-16 | 06/13/2016 | Programmed | Comprehensive | Safety | H0545 PINTO |
| 2 | 105337505 | 024-89 | 06/20/1989 | Programmed | Comprehensive | Health | V3213 COMSTOCK |
| 2 | 303355911 | 000-00 | 08/24/2000 | Programmed | No Inspection | Safety | Q6922 TYLER |
| 2 | 304225808 | 077-01 | 06/20/2001 | Programmed | Comprehensive | Safety | Q6922 TYLER |
| 2 | 312718372 | 079-09 | 06/24/2009 | Programmed | Comprehensive | Safety | Q6922 TYLER |
| 2 | 316429273 | 000-12 | 08/09/2012 | Programmed | No Inspection | Safety | H0545 PINTO |
| 2 | 317700888 | 071-14 | 07/11/2014 | Programmed | Comprehensive | Safety | H0545 PINTO |
| 2 | 317713721 | 000-16 | 08/18/2016 | Programmed | No Inspection | Safety | H8175 KETCHUM |
| 3 | 105337513 | 025-89 | 06/20/1989 | Programmed | Comprehensive | Health | V3213 COMSTOCK |

VIOLATION HISTORY

| Location Number | Inspection Number | Report Number | Rule Number | Date Issued | Type of Violation | Result of Contest |
|-----------------|-------------------|---------------|-------------|-------------|-------------------|-------------------|
|-----------------|-------------------|---------------|-------------|-------------|-------------------|-------------------|

OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION

Location Detail Report for Scheduling Year 2016

Employer Name: KENNETH HUDSON & JOAN HUDSON
Employer Number: 7015852

Questions?

Contact
Tracy Brown
(503) 947-7424

Oregon OSHA - ENFORCEMENT

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VIOLATION HISTORY ...continued

| Location Number | Inspection Number | Report Number | Rule Number | Date Issued | Type of Violation | Result of Contest |
|-----------------|-------------------|---------------|------------------------|-------------|--------------------|-------------------|
| 1 | 317712855 | 055-16 | 437-004-1120(16)(i) | 09/14/2016 | Other than Serious | UPHELD |
| 1 | 317712855 | 055-16 | 437-004-1120(8)(b) | 09/14/2016 | Other than Serious | |
| 1 | 317712855 | 055-16 | 437-004-2860(6) | 09/14/2016 | Other than Serious | |
| 1 | 317712855 | 055-16 | 437-004-2880(1) | 09/14/2016 | Serious | AMENDED |
| 1 | 317712855 | 055-16 | 437-004-2880(3) | 09/14/2016 | Serious | AMENDED |
| 1 | 317712855 | 055-16 | 437-004-2950(5) | 09/14/2016 | Other than Serious | UPHELD |
| 1 | 312718364 | 078-09 | 437-004-1120(16)(p) | 07/15/2009 | Other than Serious | |
| 1 | 312718364 | 078-09 | 437-004-1120(18)(g) | 07/15/2009 | Other than Serious | |
| 1 | 312718364 | 078-09 | 437-004-1120(7)(e) | 07/15/2009 | Other than Serious | |
| 1 | 312718364 | 078-09 | 437-004-1305(2)(a) | 07/15/2009 | Other than Serious | |
| 1 | 311708705 | 090-08 | 437-004-1120(16)(e) | 08/04/2008 | Other than Serious | UPHELD |
| 1 | 311708705 | 090-08 | 437-004-1120(18)(a)(D) | 08/04/2008 | Other than Serious | UPHELD |
| 1 | 311708705 | 090-08 | 437-004-1120(6)(e) | 08/04/2008 | Other than Serious | UPHELD |
| 1 | 311708705 | 090-08 | 437-004-1120(6)(m) | 08/04/2008 | Other than Serious | UPHELD |
| 1 | 311708705 | 090-08 | 437-004-2810(2) | 08/04/2008 | Serious | UPHELD |
| 1 | 311708705 | 090-08 | 437-004-2900(1) | 08/04/2008 | Serious | NO ACTION |
| 2 | 317700888 | 071-14 | 437-004-1120(10)(a) | 07/25/2014 | Other than Serious | |
| 2 | 317700888 | 071-14 | 437-004-1120(16)(e) | 07/25/2014 | Other than Serious | |
| 2 | 317700888 | 071-14 | 437-004-1120(6)(e) | 07/25/2014 | Serious | |
| 2 | 317700888 | 071-14 | 437-004-1120(9)(b) | 07/25/2014 | Other than Serious | |
| 2 | 312718372 | 079-09 | 437-004-1120(11)(a) | 07/15/2009 | Other than Serious | |
| 2 | 312718372 | 079-09 | 437-004-1305(2)(a) | 07/15/2009 | Other than Serious | |
| 3 | 105337513 | 025-89 | | 07/28/1989 | Other than Serious | |

OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION

Location Detail Report for Scheduling Year 2016

Employer Name: KENNETH HUDSON & JOAN HUDSON
Employer Number: 7015852

Questions?

Contact
Tracy Brown
(503) 947-7424

Oregon OSHA - ENFORCEMENT

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CLAIMS SUMMARY (last three years)

There were no claim records found for this report.

SAFETY HISTORY NOTES

| Year | Run | Loc No | Rank | Status | Notes |
|------|-----|--------|-------|----------|-------|
| 2016 | 2 | 0 | 2080 | PENDING | |
| 2016 | 2 | 1 | 99999 | DATA ERR | |
| 2016 | 2 | 2 | 99999 | DATA ERR | |
| 2016 | 1 | 0 | 1349 | PENDING | |
| 2016 | 1 | 1 | 99999 | DATA ERR | |
| 2016 | 1 | 2 | 99999 | DATA ERR | |
| 2015 | 1 | 0 | 164 | COMPLETE | |
| 2015 | 1 | 1 | 99999 | DATA ERR | |
| 2015 | 1 | 2 | 99999 | DATA ERR | |
| 2014 | 1 | 0 | 764 | PENDING | |
| 2014 | 1 | 1 | 99999 | DATA ERR | |
| 2014 | 1 | 2 | 99999 | DATA ERR | |
| 2013 | 1 | 0 | 1461 | PENDING | |
| 2013 | 1 | 1 | 99999 | DATA ERR | |
| 2013 | 1 | 2 | 99999 | DATA ERR | |
| 2012 | 1 | 0 | 1663 | PENDING | |
| 2012 | 1 | 1 | 99999 | DATA ERR | |
| 2012 | 1 | 2 | 99999 | DATA ERR | |
| 2011 | 1 | 0 | 1529 | PENDING | |

OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION

Location Detail Report for Scheduling Year 2016

Employer Name: KENNETH HUDSON & JOAN HUDSON
Employer Number: 7015852

Questions?

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Tracy Brown
(503) 947-7424

Oregon OSHA - ENFORCEMENT

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SAFETY HISTORY NOTES ...continued

| Year | Run | Loc No | Rank | Status | Notes |
|------|-----|--------|-------|----------|--|
| 2011 | 1 | 1 | 99999 | DATA ERR | |
| 2011 | 1 | 2 | 99999 | DATA ERR | |
| 2010 | 2 | 0 | 3417 | PENDING | |
| 2010 | 2 | 1 | 99999 | DATA ERR | |
| 2010 | 2 | 2 | 99999 | DATA ERR | |
| 2010 | 1 | 0 | 10207 | PENDING | |
| 2010 | 1 | 1 | 99999 | DATA ERR | |
| 2010 | 1 | 2 | 99999 | DATA ERR | |
| 2009 | 2 | 0 | 18495 | PENDING | |
| 2009 | 2 | 1 | 99999 | DATA ERR | Data Err set automatically because location has received a comprehensive safety inspection within the previous 36 months or location has received two consecutive comprehensive safety inspections with no serious, willful, or egregious violations, and with no inspections of any type resulting in serious, willful, or egregious violations since the date of the first of the two consecutive comprehensive inspections. |
| 2009 | 2 | 2 | 99999 | DATA ERR | Data Err set automatically because location has received a comprehensive safety inspection within the previous 36 months or location has received two consecutive comprehensive safety inspections with no serious, willful, or egregious violations, and with no inspections of any type resulting in serious, willful, or egregious violations since the date of the first of the two consecutive comprehensive inspections. |
| 2009 | 1 | 0 | 19880 | PENDING | |

HEALTH HISTORY NOTES

| Year | Run | Loc No | Rank | Status | Notes |
|------|-----|--------|-------|----------|-------|
| 2016 | 2 | 0 | 85975 | PENDING | |
| 2016 | 2 | 1 | 99999 | DATA ERR | |
| 2016 | 2 | 2 | 99999 | DATA ERR | |
| 2016 | 1 | 0 | 18371 | PENDING | |

OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION

Location Detail Report for Scheduling Year 2016

Employer Name: KENNETH HUDSON & JOAN HUDSON
Employer Number: 7015852

Questions?

Contact
Tracy Brown
(503) 947-7424

Oregon OSHA - ENFORCEMENT

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HEALTH HISTORY NOTES ...continued

| Year | Run | Loc No | Rank | Status | Notes |
|------|-----|--------|-------|----------|---|
| 2016 | 1 | 1 | 99999 | DATA ERR | |
| 2016 | 1 | 2 | 99999 | DATA ERR | |
| 2015 | 1 | 1 | 99999 | DATA ERR | |
| 2015 | 1 | 2 | 99999 | DATA ERR | |
| 2014 | 1 | 0 | 58209 | PENDING | |
| 2014 | 1 | 1 | 99999 | DATA ERR | |
| 2014 | 1 | 2 | 99999 | DATA ERR | |
| 2013 | 1 | 0 | 1715 | PENDING | |
| 2013 | 1 | 1 | 99999 | DATA ERR | |
| 2013 | 1 | 2 | 99999 | DATA ERR | |
| 2012 | 1 | 0 | 11949 | PENDING | |
| 2012 | 1 | 1 | 99999 | DATA ERR | |
| 2012 | 1 | 2 | 99999 | DATA ERR | |
| 2011 | 1 | 2 | 31314 | PENDING | |
| | | | | | 02/13/2012 - changed field office, IMD per request from Trena VanDeHey. |
| 2011 | 1 | 1 | 39387 | PENDING | |
| | | | | | 02/13/2012 - changed field office, IMD per request from Trena VanDeHey. |
| 2011 | 1 | 0 | 73287 | PENDING | |
| | | | | | 02/13/2012 - changed field office, IMD per request from Trena VanDeHey. |
| 2010 | 1 | 2 | 35178 | PENDING | |
| 2010 | 1 | 1 | 55768 | PENDING | |
| 2010 | 1 | 0 | 70346 | PENDING | |

OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION

Location Detail Report for Scheduling Year 2016

*Employer Name: KENNETH HUDSON & JOAN HUDSON
Employer Number: 7015852*

Questions?

Contact
Tracy Brown
(503) 947-7424

Oregon OSHA - ENFORCEMENT

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HEALTH HISTORY NOTES ...continued

| Year | Run | Loc No | Rank | Status | Notes |
|------|-----|--------|-------|---------|-------|
| 2009 | 1 | 1 | 19360 | PENDING | |
| 2009 | 1 | 0 | 62493 | PENDING | |
| 2009 | 1 | 2 | 74882 | PENDING | |

OSHA Technical Information System

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 - Records Request
- Manage Reference Tables

Employers ☒ Employers ☒

Employer 7015852 - KENNETH HUDSON & JOAN HUDSON

Detail

Detail

Employer # **7015852** KENNETH HUDSON & JOAN HUDSON

Status As Of

☐ Self Insured?

FEIN Corp FEIN

Business Type * Ownership Type

Entity Type No of Employees (range)

SIC DECIDUOUS TREE FRUITS ☐ Wrap Up

NAICS OTHER NONCITRUS FRUIT FARMING

Address Information

☒ Physical Address same as Mailing Address: ☐ Invalid? Phone

Mailing Address PPB Address

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*khudson@
aol.com*

OSHA Technical Information System
File View Reports Screen Capture Tools Help
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Navigation

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Employers ☒ **Employers** ☒

Employer 7015852 - KENNETH HUDSON & JOAN HUDSON [Query Employers](#)

Detail **OSHA Activity Statewide** **Locations** **Comments** **Micrographics** **Archive** **Variance**

Location List/Detail **Inspections** **Other Enforcement Activities** **Claims**

List

| Loc # | Address | City | Business Type | NAICS | Status | Mobile Site? | Ag Labor |
|-------|----------------------|--------|-----------------|--------|--------|--------------|----------|
| 000 | 1020 MOSIER CREEK RD | MOSIER | CHERRY ORCHARD | 111339 | Active | Fixed | No FLC |
| 001 | 1025 MOSIER CREEK RD | MOSIER | FARM LABOR CAMP | 111339 | Active | Fixed | FLC |
| 002 | 1020 MOSIER CREEK RD | MOSIER | FARM LABOR CAMP | 111339 | Active | Fixed | FLC |

Detail

Location Number: 000 Status: Active

Location Address: 1020 MOSIER CREEK RD

MOSIER OR 97040

County: WASCO

Phone:

Business Type: CHERRY ORCHARD

Mobile Site? ☒ Fixed ☐ Mobile

Ag Labor?

NAICS: 111339 Other Noncitrus Fruit Farming

SIC: 0175 DECIDUOUS TREE FRUITS

Last Doc: OSHA

[Emp/Loc Report](#) [Add PPB to Location](#) [Refresh](#)

☐ VPP/SHARP Exempt?

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Employers ☒ **Employers** ☒

Employer 7015852 - KENNETH HUDSON & JOAN HUDSON [Query Employers](#)

Detail **OSHA Activity Statewide** **Locations** **Comments** **Micrographics** **Archive** **Variance**

Location List/Detail **Inspections** **Other Enforcement Activities** **Claims**

List

| Loc # | Address | City | Business Type | NAICS | Status | Mobile Site? | Ag Labor |
|-------|----------------------|--------|-----------------|--------|----------|--------------|----------|
| 001 | 1025 MOSIER CREEK RD | MOSIER | FARM LABOR CAMP | 111339 | Active | Fixed | FLC |
| 002 | 1020 MOSIER CREEK RD | MOSIER | FARM LABOR CAMP | 111339 | Active | Fixed | FLC |
| 003 | 985 GIBBONS RD | MOSIER | FARM LABOR CAMP | 111339 | Inactive | Fixed | No FLC |

Detail

Location Number: 000 Status: Active

Location Address: 1020 MOSIER CREEK RD

MOSIER OR 97040

County: WASCO

Phone:

Business Type: CHERRY ORCHARD

Mobile Site? ☒ Fixed ☐ Mobile

Ag Labor?

NAICS: 111339 Other Noncitrus Fruit Farming

SIC: 0175 DECIDUOUS TREE FRUITS

Last Doc: OSHA

[Emp/Loc Report](#) [Add PPB to Location](#) [Refresh](#)

☐ VPP/SHARP Exempt?

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OSHA Technical Information System

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Employers

Employers

Employer 7015852 - KENNETH HUDSON & JOAN HUDSON

Query Employers

Detail OSHA Activity Statewide Locations Comments Micrographics Archive Variance

Inspections Other Enforcement Activities Claims

Insp/Vio List

List

| Inspection # | RID | CO ID | Opt Rpt # | Open Conf Date | Close Conf Date | Close Case Date | Discp | Type | Citation? | Loc |
|--------------|-----|-------------------------|-----------|----------------|-----------------|-----------------|--------|--------------------|-----------|-----|
| 317713721 | 15 | H8175 - THERESA KETCHUM | 000-16 | 08/18/2016 | 08/18/2016 | 08/18/2016 | Safety | Programmed Planned | No | 002 |
| 317712855 | 12 | H0545 - PAULO PINTO | 055-16 | 06/13/2016 | 08/09/2016 | | Safety | Programmed Planned | Yes | 001 |
| 317700888 | 12 | H0545 - PAULO PINTO | 071-14 | 07/11/2014 | 07/15/2014 | 09/10/2014 | Safety | Programmed Planned | Yes | 002 |
| 316429273 | 12 | H0545 - PAULO PINTO | 000-12 | 08/09/2012 | 08/09/2012 | 08/09/2012 | Safety | Programmed Planned | No | 002 |
| 312718372 | 13 | Q6922 - TRUDI TYLER | 079-09 | 06/24/2009 | 06/24/2009 | 07/13/2010 | Safety | Programmed Planned | Yes | 002 |
| 312718364 | 13 | Q6922 - TRUDI TYLER | 078-09 | 06/24/2009 | 06/24/2009 | 05/24/2010 | Safety | Programmed Planned | Yes | 001 |
| 311708705 | 13 | G4243 - JILL CORNEJO | 090-08 | 07/08/2008 | 07/08/2008 | 11/26/2008 | Safety | Programmed Planned | Yes | 001 |
| 308458322 | 13 | B7274 - KAREN GOLIK | 064-05 | 06/29/2005 | 06/29/2005 | 06/29/2005 | Safety | Programmed Planned | No | 001 |
| 304225808 | 13 | Q6922 - TRUDI TYLER | 077-01 | 06/20/2001 | 06/20/2001 | 06/20/2001 | Safety | Programmed Planned | No | 002 |
| 304225790 | 13 | Q6922 - TRUDI TYLER | 076-01 | 06/20/2001 | 06/20/2001 | 06/20/2001 | Safety | Programmed Planned | No | 001 |
| 303355911 | 13 | Q6922 - TRUDI TYLER | 000-00 | 08/24/2000 | 08/24/2000 | 08/24/2000 | Safety | Programmed Planned | No | 002 |
| 303355929 | 13 | Q6922 - TRUDI TYLER | 000-00 | 08/24/2000 | 08/24/2000 | 08/24/2000 | Safety | Programmed Planned | No | 001 |
| 105337513 | 00 | V3213 - JIMMIE COMSTOCK | 025-89 | 06/20/1989 | 06/20/1989 | 10/06/1989 | Health | Programmed Planned | Yes | 003 |
| 105337505 | 00 | V3213 - JIMMIE COMSTOCK | 024-89 | 06/20/1989 | 06/20/1989 | 06/20/1989 | Health | Programmed Planned | No | 002 |

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OR-OSHA DIVISION

INDEX OF VIOLATIONS: SEVERITY, PROBABILITY & DOCUMENTATION

For Inspection Number 317716909

Questions?

Contact
Andrew Gawne
(503) 947-7192

Oregon OSHA - ENFORCEMENT

06/19/17 01:24 PM

Establishment Kenneth Hudson & Joan Hudson

Optional Report S2025 - 018-17

| AVD Item No | 01 - 001 | Violation Type # | Serious | Final Penalty | 150.00 | Days to Correct | 0 | Sign C/W Pg # | 5 |
|-----------------------------|---|------------------|---------|---------------|--------|-----------------|---|---------------|---|
| Rule No | 40 CFR 170.150(b)(3): The agricultural employer did not provide soap and single-use towels in quantities sufficient to meet workers needs: | | | | | | | | |
| Variable Language | a) During the inspection, it was determined that the hand washing facility did not have soap that could be used with the water and towels. Pesticides, such as Eraser (Warning) with chlorpyrifos had been sprayed within the past 30 days. | | | | | | | | |
| Employer Knowledge Pg | 5, 19 | | | | | | | | |
| Violation Pg # | 5, 19 | | | | | | | | |
| Probability & Justification | Low: One employee | | | | | | | | |
| Severity | Serious: Bacteriological and pesticide residue illness | | | | | | | | |

| AVD Item No | 02 - 002 | Violation Type # | Other than Serious | Final Penalty | 0.00 | Days to Correct | 0 | Sign C/W Pg # | 11B |
|-----------------------------|--|------------------|--------------------|---------------|------|-----------------|---|---------------|-----|
| Rule No | OAR 437-004-1110(5)(a): Employer did not provide potable water that was available immediately to all employees: | | | | | | | | |
| Variable Language | a) During the inspection, it was determined that the employer did not provide potable drinking water for his employee. | | | | | | | | |
| Employer Knowledge Pg | 5 | | | | | | | | |
| Violation Pg # | 5 | | | | | | | | |
| Probability & Justification | Low: Brought his own. Had a gator to move around in to get to places easily. | | | | | | | | |
| Severity | OTS:Thirst; heat | | | | | | | | |

| AVD Item No | 02 - 003 | Violation Type # | Other than Serious | Final Penalty | 0.00 | Days to Correct | 7 | Sign C/W Pg # | |
|-----------------------------|---|------------------|--------------------|---------------|------|-----------------|---|---------------|--|
| Rule No | 40 CFR 170.122(a): The information was not accessible and legible, as specified in 40 CFR 170.135(e) and (f): | | | | | | | | |
| Variable Language | a) During the inspection, it was determined that application information had not been posted in a central area for employees to review. This information should be placed near to the pesticide safety poster. Eraser (Warning) with chlorpyrifos had been sprayed within the past 30 days. | | | | | | | | |
| Employer Knowledge Pg | 7, 15, 22 | | | | | | | | |
| Violation Pg # | 8, 9, 22 | | | | | | | | |
| Probability & Justification | Low: Employees still warned. | | | | | | | | |
| Severity | OTS:Irritation | | | | | | | | |

OR-OSHA DIVISION

INDEX OF VIOLATIONS: SEVERITY, PROBABILITY & DOCUMENTATION

For Inspection Number 317716909

Questions?

Contact
Andrew Gawne
(503) 947-7192

Oregon OSHA - ENFORCEMENT

06/19/17 01:24 PM

Establishment Kenneth Hudson & Joan Hudson

Optional Report S2025 - 018-17

| AVD Item No | 02 - 004 | Violation Type # | Other than Serious | Final Penalty | 0.00 | Days to Correct | 7 | Sign C/W Pg # |
|-----------------------------|--|------------------|--------------------|---------------|------|-----------------|---|---------------|
| Rule No | OAR 437-004-9800(4)(a)(B): The employer did not develop, implement, and maintain an effective written hazard communication program specific to their workplace that included a description of their procedures or methods for meeting the requirements of this Hazard Communication Standard for Agricultural Employers including paragraphs (5) Labels and other forms of warning, (6) Safety data sheets, and (7) Employee information and training: | | | | | | | |
| Variable Language | a) During the inspection, a written Hazard Communication Program, with chemical list, could not be found. This program would need to include information on safety data sheets, labeling, hazard training, and other detail, as specified in the requirements. Chemicals that had been on site included, but were not limited to, Eraser (Warning) with chlorpyrifos. | | | | | | | |
| Employer Knowledge Pg | 3, 15 | | | | | | | |
| Violation Pg # | 3 | | | | | | | |
| Probability & Justification | Low: Provided training; little exposure to chemicals | | | | | | | |
| Severity | OTS:Irritation | | | | | | | |

| AVD Item No | 02 - 005 | Violation Type # | Other than Serious | Final Penalty | 0.00 | Days to Correct | 14 | Sign C/W Pg # |
|-----------------------------|--|------------------|--------------------|---------------|------|-----------------|----|---------------|
| Rule No | OAR 437-004-9800(6)(b): SDSs (Safety Data Sheets) were not readily accessible to all employees on all shifts and when employees worked at more than one workplace, the SDSs were not kept at the primary workplace: | | | | | | | |
| Variable Language | a) During the inspection, it was determined that safety data sheets were not easily accessible. They were not in order and were not accessible to workers, if needed. Chemicals used by the orchard included, but were not limited to, Eraser (Warning) with chlorpyrifos. | | | | | | | |
| Employer Knowledge Pg | 3, 15 | | | | | | | |
| Violation Pg # | 3 | | | | | | | |
| Probability & Justification | Low: Very little exposure to field workers. No employee handlers. | | | | | | | |
| Severity | OTS:Irritation | | | | | | | |



Oregon

Kate Brown, Governor

Department of Consumer and Business Services

Oregon Occupational Safety & Health Division (OR-OSHA)

350 Winter Street NE, Room 430

PO Box 14480

Salem, OR 97309-0405

Phone: 503-378-3272

Toll Free: 1-800-922-2689

Fax: 503-947-7461

www.orosha.org

Kenneth Hudson & Joan Hudson
1020 Mosier Creek Rd
Mosier, OR 97040

Inspection Number: 317716909(91)
Optional Report Number: S2025-018-17
Employer Number: 7015852-000
Inspection Date(s): 05/11/2017-05/25/2017

The Oregon Occupational Safety and Health Division (OR-OSHA) conducted an inspection of your workplace located at 1020 Mosier Creek Rd, Mosier, OR 97040. The inspection was to determine if safety or health hazards were present which could cause injury or illness to your employees. Violations of safety and/or health rules were found during this inspection and the citation is enclosed.

In addition, the OR-OSHA representative noted certain conditions which are listed in the following page, which could cause injuries and/or illnesses. Although it is not mandatory to correct them at this time, if the work process, operation, exposure, etc., changes, these conditions could be cited as violations during future inspections. By initiating corrective measures, you could reduce the high cost of human suffering associated with work-related injuries and illnesses.

There may be other hazards present which were not apparent at the time of the inspection. If you need assistance in identifying and/or eliminating health or safety hazards consultative and training services are available to you at no cost through OR-OSHA by calling (503) 378-3272.

Your continuing effort to identify and eliminate work-related hazards is appreciated.

Penny Wolf-McCormick
OR-OSHA Portland Field Office
16760 SW Upper Boones Ferry Rd, Suite 200
Tigard, OR 97224
503-229-5910
penny.l.wolf-mccormick@oregon.gov

NOTICE

Employer Name: Kenneth Hudson & Joan Hudson
Employer ID No: 7015852-000
Inspection Number: 317716909(91)
Optional Rpt Num: S2025-018-17

THE FOLLOWING IS A LIST OF CONDITIONS WHICH COULD CAUSE WORK-RELATED INJURIES OR ILLNESSES TO EMPLOYEES. ALTHOUGH NOT MANDATORY AT THIS TIME THE OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION ENCOURAGES YOU TO INITIATE CORRECTIVE MEASURES FOR THESE PROBLEM AREAS IN THE INTEREST OF REDUCING THE HIGH COST AND HUMAN SUFFERING ASSOCIATED WITH WORK-RELATED INJURIES AND ILLNESSES.

Item 02

ITEM 01-02: Hazard Communication: Safety Data Sheets (SDSs)
(437-004-9800)

During the recent inspection, it was determined that there were safety data sheets, but that they were not easily accessible. First, they were not in an area where any worker could look at them. Secondly, they could not easily be found within the books that existed. You had mentioned that you would be opening the house for easy entry, and where you will be posting application information. That will be a good place for your SDS book. It is also strongly recommended that you put them in alphabetical order and then highlight the names of the chemical product. By doing so, the SDS can be found very easily, which is particularly important in an emergency.

In addition, some of the SDSs did not look like they were up-to-date. The newer versions follow a set format, whereby various topics, e.g., spill clean-up, can be found in the same section, no matter which chemical. The new SDSs could also have more current health information. As an employer, you are required to maintain your SDS book.

ITEM 02-02: Medical/First Aid
(437-004-1305)

It was discovered that you had been certified for First Aid/CPR a while back, but were not up-to-date. The closest hospital/clinic is in Hood River; that is quite a distance. It is strongly recommended that due to that distance and the traveling through the orchard, at least one individual, preferably two (father and son, maybe) become recertified.

S

31116909-Hudson

(02 HAZARD) (code related) WORKSHEET

Employer Name: Kenneth Hudson & Joan Hudson
Report No: S2025-018-17

ITEM 01-02: Hazard Communication: Safety Data Sheets (SDSs)
(437-004-9800)

During the recent inspection, it was determined that there were safety data sheets, but that they were not easily accessible. First, they were not in an area where any worker could look at them. Secondly, they could not easily be found within the books that existed. You had mentioned that you would be opening the house for easy entry, and where you will be posting application information. That will be a good place for your SDS book. It is also strongly recommended that you put them in alphabetical order and then highlight the names of the chemical product. By doing so, the SDS can be found very easily, which is particularly important in an emergency.

In addition, some of the SDSs did not look like they were up-to-date. The newer versions follow a set format, whereby various topics, e.g., spill clean-up, can be found in the same section, no matter which chemical. The new SDSs could also have more current health information. As an employer, you are required to maintain your SDS book.

ITEM 02-02: Medical/First Aid
437-004-1305

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INSPECTION NARRATIVE

Date of Inspection: May 11, 2017

Legal Name: Kenneth Hudson & Joan Hudson

dba Mosier Creek Orchards **Optional Report No:** S2025-018-17

Purpose: Planned - This inspection was conducted as a result of the Pesticide Emphasis Program list. There were no permanent employees. Even so, this small agricultural employer was not exempt from a programmed inspection, because he had not completed four hours of annual instruction on agricultural safety and health, and there had been no comprehensive consultation in the past four years.

Background Information:

Mosier Creek Orchards grows cherries. Ken Hudson, partner, accompanied me on this inspection and was very cooperative.

Pesticides, such as Eraser (warning) with chlorpyrifos had been sprayed within the past 30 days. The Worker Protection Standard, therefore, applied to this inspection.

Inspection Activities/Observations:

I conducted a walk-around of decontamination supplies, pesticide storage, and central posting; interviewed a field worker (no employee handlers); and requested programs.

Summary/Conclusions:

A citation was issued for the following violations:

1. Missing decon/field san supplies: The employer did not maintain soap supplies
EK: The employer had toilets and hand washing facilities in the field, with others waiting for harvest near his house. The set-ups normally included water, sanitizing soap, towels, and a drinking spigot.
2. Drinking water: The employer did not provide drinking water for the employee
EK: The employer normally provided water for employees who were harvesting. He knew the employee, who was pruning at the time, took care of his own water.
3. Central posting: Application information was not kept up-to-date
EK: There was an application display with most of the necessary information. It was not up-to-date.
4. HAZCOM: There was no program with chemical list on site.
EK: The employer knew they used pesticides, fertilizers, and other chemicals.
5. SDSs: There was a book (EK), but specific SDSs could not be found easily for the chemicals that were used (EK).

A hazard letter was written to address First Aid/CPR and the SDS book.



EMPLOYER NAME Kenneth Hudson & Joan Hudson Opt Rpt No. S2025-018-17

OPENING CONFERENCE Full ☒ *Abbreviated ☐ Date full opening conducted _____

- ☒ 1. *Introduction/credentials _____
- ☒ 2. *Employer rep Kew Hudson Employee rep _____
- ☒ 3. *Explain purpose, nature, and scope of inspection (include expansion of serious) _____
- ☒ 4. Loc under Oregon OSHA consultation (7 days prior to 60/30 days after)? Yes ☐ No ☐
- ☒ 5. Loc NAICS code? _____ Scheduled NAICS code _____
- ☒ 6. Loc MOD rate ≤ 0.50 or less (must have written proof): Yes/rate _____ OHSAS? _____
- ☒ 7. Sampling _____ Photos ☒ Video _____ Audio _____
- ☒ 8. Trade secrets? _____
- ☒ 9. Employee interviews (in private) discrimination prohibited _____
- ☒ 10. Violations OTS/S/D Reductions (size, history, good faith, immediate) _____
- ☒ 11. Closing conference at end of inspection _____
- ☒ 12. Records review (min. OSHA 300/300A, 801s) _____
- ☒ 13. PPE required by employer for inspection _____

* Indicates minimum requirement for an abbreviated opening

CLOSING CONFERENCE On site ☐ Via phone ☐ Letter ☐ Closing date _____

Employer rep. _____ Employee rep. _____

- ☒ 1. Employer right to present pertinent information re: violations (included in the report) _____
- ☒ 2. Describe alleged violations (identify probability and severity) _____
- ☒ 3. Penalties assessed _____ Repeat violations (2X, 5X, 10X, 15X, 20X) _____
- ☒ 4. Abatement time for each violation (immediate; 7, 14, 21, or 28 days) _____
- ☒ 5. Hazard letters _____
- ☒ 6. Citations issued from Salem via certified mail. Abatement time starts upon receipt _____
- ☒ 7. Letter of Corrective Action. Due date. Follow-up inspection _____
- ☒ 8. Failure to abate violations may result in daily penalties _____
- ☒ 9. Employer must post citation (3 days or until abated) where employees can view it _____
- ☒ 10. Employer can appeal violation/penalty/abatement time. Employees can appeal abatement time _____
- ☒ 11. Citation becomes final order if not appealed within 30 days of receipt _____
- ☒ 12. Appeal in writing (appealed items stayed if OTS; serious must be abated) _____
- ☒ 13. Informal conference at field office or by phone. Formal hearing _____
- ☒ 14. Abatement assistance is available through CO _____
- ☒ 15. Abatement extension available _____
- ☒ 16. Referrals? _____ To whom? _____
- ☒ 17. Variance _____
- ☒ 18. Employees protected from discrimination (BOLI) _____
- ☒ 19. Oregon OSHA consultation available and their workers' comp. carrier required to provide _____
- ☒ 20. Work-related in-patient hospitalization, loss of an eye, and amputation or avulsion that results in bone or cartilage loss requires notification within 24 hours _____
- ☒ 21. Work-related fatality or catastrophe requires notification within 8 hours _____



Oregon Occupational Safety and Health

Compliance Officer Information Request Form

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S2025-018-17

We need the records below to be available for review during the inspection. If sent in the mail or copied, the records will become part of the file.

If you have questions, call the compliance officer at: _____

Date: 5/16/17 Report number: S 2025-018-17 Employer: Hudson

Injury and Illness Records

- ☐ OSHA 300 Log/300A form: Past 3 years
- ☐ 801s
- ☐ Hours worked
- ☐ Exempt by NAICS/size

Safety Committee/meetings

- ☐ Minutes

Personal Protective Equipment

- ☐ Hazard assessment

First Aid

- ☐ Emergency medical plan
- ☐ Fire evacuation plan
- ☐ HazWOPER
- ☐ Emergency response plan
- ☐ Training records

Hazard Communication

- ☐ Written program
- ☐ List of chemicals
- ☐ Safety data sheets

Cranes and Hoists

- ☐ Inspection records
- ☐ Operator procedures
- ☐ Lifting attachments
- ☐ Crane operator certification
- ☐ Rigging qualification
- ☐ Signalperson qualification

Powered Industrial Trucks

- ☐ Inspection records
- ☐ Maintenance records
- ☐ Operator training

Powered Platform (Ext. Building Maint.)

- ☐ Written procedures for operation
- ☐ Plan for emergencies

Self-Insured/Group Insured

- ☐ Health and safety loss-prevention program

Health

- ☐ Air contaminants
- ☐ Sampling records
- ☐ Medical surveillance
- ☐ Asbestos
- ☐ Lead
- ☐ Lab/chemical hygiene plan
- ☐ Tuberculosis protocol/screening

Noise

- ☐ Hearing conservation program
- ☐ Audiometric testing
- ☐ Noise monitoring
- ☐ Feasibility study
- ☐ Training records

Respiratory Protection

- ☐ Written program
- ☐ Fit-testing records
- ☐ Medical evaluation record
- ☐ Training records

Bloodborne Pathogens

- ☐ Exposure control plan
- ☐ Hep B vaccine/declination statements
- ☐ Sharps injury log

Confined Space

- ☐ Written plan
- ☐ Entry records
- ☐ Instrument records and statements
- ☐ Training records

Lock Out/Tag Out [LOTO]

- ☐ Energy/control procedures
- ☐ Specific equipment
- ☐ Audits/annual review
- ☐ Training records

Construction

- ☐ Flagger/traffic control training
- ☐ Aerial lifts training
- ☐ Fall protection training
- ☐ Scaffold training
- ☐ Excavations

EX+2-4

EX+2-5

Had but
not documented
No pen engin
Messy one
out of order
can't find
results

5/11/17 Hudson S2025-018-17

Came to site of fd wife @ house.
(she) Went out into orchard to fd husband.

June 30 cherries

5/11/17 Hudson S2025-018-17

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(2)

Decon
FS

* HWE 1/2 mile from where
employee is,
on ATV but only place to go.
Water
trucks

No soap
(out of)

→ Went down to horse get

C/W
1-1

Does employee have water w/ him?

Told him to go get soap.

What is employee doing?

Nothing set up @ other ranch,
this is w/in 1/2 mile.

* Went down to get soap

* Brings own water O.S.
ranch day

C/W
2-2

5/11/17 Hudson S2025-16-17
Pest S. Jorg

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No radios → calls to him

^{Employee} He carries a cell phone so if hurt.

Uses long handed chain saw.

✓ Checks on him every 2 hours.

5/11/17 Hudson S2025-018 17

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EX Had applicant for last year.

SDS

EX²⁻³

* o Sulfur → Microthial X

o Success. → ✓

Call
them
MSDS

Needs to move stuff
away from rocky area
& unlock door.

Not accessible

Has window in door

SDS →
- Fresh old
How often they
replace stuff
If different SDS.
Will get on

PESTICIDE INSPECTION CHECKLIST (7/24/13)

James Foster & Son

____ Number of handlers (including herbicide sprayers)?

PRE-OPENING:

____ Number of field workers?

____ Establish if workers last week, this week, next week

____ Who handles pesticide equipment problems (If a mechanic—is a handler, then)

- ____ Make sure right NAICS for PEPs
- 111998 (Gen'l farm, field crops, except cash grain)
 - 111339 (Deciduous tree fruit)
 - 111421 (Nursery & tree production)
 - 111422 (Floriculture production)
 - 115112 (Crop prep including pesticide spraying)

** Not up to date*
____ First Aid/CPR? Emergency setup?

Doesn't w/ card w/
____ Certified applicator license with expiration date *SPR house*

____ Ag Exemption Check

____ Commercial applicators? When last time? How handle: 1) Central posting; 2) getting people out of field? *Shears*

Proceed if you can open...

____ Spray equipment:

EMPLOYER INTERVIEW:

- Backpacks? Who?
- Booms? Air blaster? Who?
- Enclosed cabs (with filter?) or tractor?
- If enclosed cab, bring PPE?

____ Opening + Supplement

____ Spray warning
Oral? (where and when safe?) *Verbal*

Yes Sprayed last 30 days?

• Signs (before spray and up within 3 days??)

____ Program list (review now or later):

- OSHA 300 & A for previous year if applicable;
- 801s if applicable;
- HAZCOM;
- MSDSs (check after walk-around);
- Respirator Program + Med Evals + Fit testing if applicable;
- Pesticides last 30 days (name + EPA number)

• What use for greenhouses? (shd be signs)

• Pesticide list → Any double notification pesticides (usually DANGER-POISON)?

____ Fumigants used for gophers/moles? (aluminum phosphide products in cylinders)

• When last?

• PPE, how do, plan, locked?, etc. (get copy of booklet)

*Note: Not under WPS

Not NAICS in

Sulfur SW

Not listed

2-3

dropper & Gopher fork

5/11/17 Hudson S2025-018-17

____ Fumigants used for crops (methyl bromide, chloropicrin, Telone, dazomet, metam sodium and iodomethane, etc.)

- When last used?
- PPE, how do, plan, locked? Etc. (get copy of booklet)

*Note: WPS does cover preplant soil fumigations.

~~No~~ Early entry workers?

- How determine PPE?
- Decon?
- Training?

____ Training for handlers

- Video or class or licensed? Who?
- MSDSs?
- Specific: PPE? Hazards? First Aid?
- "Safe Practices"?

____ Training for field workers

- Video?
- Central posting area? Poster?
- MSDSs?
- Safe Practices?

INTERVIEWS → May leave early

- Handler(s)
- Early entry workers(s)
- Field worker(s)
- Mechanic if handles equipment

WALK-AROUND

~~None~~ Central Posting:

- Application → Date
- Product, active ingred
- (Note: Should include commercial applicators)
- Pesticide poster
- Emergency info (address/phone no.)

____ PPE (stored)

- Away from pesticides AND clean clothes?
- Respirators cleaned & in container?
- Separated from cartridges?
- Gloves--clean? (green nitrile good in most cases)
- Rubber Boots--clean?
- Eye protection: Goggles, faceshield, or safety glasses with side and brow guards?
- Chem resist aprons?
- Coveralls: cloth or tyvek or chem. resistant? Head protection if needed?

____ Pesticide Storage

- Locked? (RUPs and some pesticides require)
- Lights?
- Strong vapors?
- Spills?
- Sealed shelves AND floors, even concrete?

~~No~~ Unlabeled containers?

- Chemicals stored in other containers?
- Problem storage? (Containers on top of each other, glassware on top instead of bottom, unstable, tripping hazards, etc.)
- Restricted Use pesticides?
- Skull and cross bones (POISON-DANGER) or highly corrosives (DANGER)

Bolt poster may be messy (6)
2-3

he & i
sun image

aware by on 05/11/17
Not sure how
EX

employee had

Buy GAP approved container

5/11/17 Hudson

Decontamination

- Mix-site: Eyewash | Page 10
- Mixing Decon right : S2025-018-17
(soap, towels, backup clothing, clean water).
- Applicator Decon (water, soap, towels, backup clothing...within quarter mile PLUS eye water immediately accessible).
- Field worker decon (same as field san)
+ eye water bottles if required by ag use label.

____ Go back and check MSDS book
(what sprayed and others seen in storage)

S2025-018-17

1/2 mile
but has to ATD
across to ATD
* by letter
Does he closer
for product

? (2)

COHEN Lori L * DCBS

From: COHEN Lori L * DCBS
Sent: Wednesday, May 17, 2017 5:41 PM
To: 'khudsone@aol.com'
Subject: Inspection closing

Hi Ken,

I need a little more information from you before we close the inspection:

- Jose said he saw a video regarding pesticide safety. When was that and what was the source?
- For my records, on the day I was there, what were Jose's tasks?
- What is your certification (PAL) number and expiration date?
- Again, what I am waiting for are the OSHA 300 logs for 2015 and 2014 and the OSHA 300As for 2014, 2015, and 2016.

Also, would you be available on Thursday, May 25 for a phone close? If so, what time is best?

Thanks.

Lori Cohen
Industrial Hygienist
Health Compliance Officer
OR-OSHA, Portland Field Office

Durham Plaza
16760 SW Upper Boones Ferry Road, Ste 200
Tigard, OR 97224

PH: 971-673-2894
FX: 971-673-2901
Lori.l.cohen@oregon.gov

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OS S D
L M H

Serious

~~started~~

c/w 5

- Not providing soap with the water at field san/decon site.

CW: 5/11/17 got some soap

Serious: biological, pesticide

DECON 170.150 (b)(3)

ITA

LS \$300-120(40% size)-

30(10%CW) = \$150.

F.S. 437-004-1110 (6)(a)

| Viol | EK |
|-------|-------|
| 5, 19 | 5, 19 |

- ~~Offy~~ may be less than 10 with
- ~~Safety meetings not documented~~
 - Names
 - Date
 - Topics/details

2-2 Other than Serious

437-004-1110 (5)(a)

- Employer not providing drinking water for employee

- Employee carries own
- Employee has vehicle to get around
- Cool, rainy day

| Viol | EK |
|------|------|
| 5, 1 | 5, 1 |

f.s.

- 2-4 HAZCOM with chem list not found

437-004-9800(4)(a)

| Viol | EK |
|------|--------|
| 3, 1 | 3, 15, |

2-5

- SDSs there but can't find anything—not accessible...

437-004-9800(6)(b)

locked up
Not easily accessible
out of order
man

| Viol | EK |
|------|-------|
| 3, 1 | 3, 15 |

- 2-3 Central Posting not up to date

- Sprayed Omni oil 170.122(a)

| Viol | EK |
|-----------|------------|
| 8, 9, 122 | 7, 15, 122 |

5/25/17

Hudson S2025-018-17

Page 11C

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Comments

- o WPS changes coming ^{poss.} 2018 →
date? Don't know
- from website
- o If decide well w/ anyone
Non-farm & engle spray
- CD w/ handler video
aval now. WPS for fu
not enough
- Well send PERC website --
Keep an eye on & WPS
handler w/ New info
- o Mh same good comm w/ crop
adviser as to what & when
you w/ sprayed

5/25/17 Hudson S2025-018-17

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Hg letter Med / 1st AD

Have been 1st AID / CPR trained
but not up to date

Nearest hosp/clinic - Hord River
Quite a distance

Strongly recommend some thing

May be charges

Since you w had it before,
not cited.

437-004-1305

5/25/17 Hudson S 2025-018-17

Page 11E

S 2025-018-17

Hg SDSs

- o Put into alphabet

- o highlight names

1st → get up to date!

- o easier to follow

- o more up to date on info.

5/11/17 Hudson S2025-01817

(1)

WPS WORKER INTERVIEW

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Nombre Jose Rivero Cervantes

Direccion ALH

Numero de telefono 541-806-1435

Rocia usted los pesticidas para tu patron? Roundup? (Do you spray pesticides here?) If yes, go to handler questionnaire.

No Prune
etc.

QUESTIONS:

- Hace cuantos anos o meses que trabaja para el dueño? (How many years or months have you worked for the owner?)

30 years

- Has recibido entrenamiento de pesticidas, por ejemplo un video o clase? (Have you received pesticide training by video or class?)

~~Other place~~ video

Cuando? Este año? (When? This year?)

De este patron o otro patron? (From this boss or another boss? I.e., another farm)

- Has visto este folleto? ("SP") (Have you seen this booklet?)

Yes

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(2)

- EARLY ENTRY: El patron te dice entrar el campo ¿hay pesticidas? (Does the boss tell you to enter the field when there are pesticides?) **No**

Jose
contd

(If so) Recibes entrenamiento del pesticida antes de que entres el campo? (por ejemplo: los peligros, el equipo de proteccion personal?) (Do you receive information about the pesticide before you enter the field, such as the dangers, the PPE?)

- Como sabes hay pesticidas en el campo? (letrero, avisa, board with info) (How do you know there are pesticides in the field?)

Avisa

- Te dijo tu patron la informacion siguiente? (Does you boss tell you the following info?)

Si Pesticidas estan in las plantas, agua de irrigacion, muchas lugares, etc.
(Pesticides are in the plants, irrigation, many places?)

Si Es necesario lavarte los manos antes de comer, beber, fumar, etc. y lavarte el cuerpo despues de trabajo? (It's necessary to wash your hands before eating, drinking, smoking etc. AND washing the body after work?)

Si Es necesario llevar pantelones para protegerte de los pestacidas.
(Its necessary to wear long pants to protect yourself from pesticides?)

No Que tu no puedes tomar los envases de pesticidas a casa (That you cannot take pesticide containers home?)

Si Informacion de los peligros de pesticidas? (Info about the dangers of the pesticides?)

Lo entiendes? (Did you understand him?)

5/11/17 Hudson S2025-018-17

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(This is all about what the boss tells the person)

Jose
cont'd

_____ Como los pesticidas entran el cuerpo? (How does pesticide enter the body?)

Piel,

Puedes decirme? (Can you tell me? Ie how pesticides enter the body)

_____ Los sintomas cuando una persona esta enferma porque de pesticidas (The symptoms when a person is sick because of pesticides)

Mario

Digame las sintomas....(Tell me the symptoms)

No problem

- _____ Que haria si un pesticida toca los ojos? (What would you do if a pesticide touches the eyes?)

W/ wash
Wash

La piel (the skin)?

La boca? (the mouth)

- Donde hay jabon y agua para lavarse? Es cerca de ti cuando estas trabajando? (Where is the soap and water to wash? Is it near you when you are working?)

All over

Application Record Worksheet

Dormant Oil

*Requested
lost 30 d*

Record Date 03/30/2017

| | | | |
|--|--|--|-----------------------------|
| Name and Address of Orchard Mosier Creek Orchards 1020 Mosier Creek Road Mosier, Oregon 97040 | | Licensed Applicator Name and Address (if different) Kenneth Hudson 1020 Mosier Cr Rd Mosier, Or 97040 | |
| Justifications | Recommendation # | Telephone # | License # AG-L0090242PAL |
| | Application Record # 013-2453-17-000001 | If this application made as a result of a WSDA Permit enter Permit number: | |

GALLONS PER ACRE (166.67) GALLONS PER TANK (500) TANK CLEANED BEFORE/AFTER USE ☐ PPE WORN ☐

*REI=Re-Entry Interval *PHI=Pre-Harvest Interval *First Harvest Date=Date Sprayed + Pre-Harvest Interval + 1 day

Total Amount Applied

| Full Product Name | EPA Number | Active Ingredient | Crop | Target | REI | PHI | Rate Per 100 Gal | Rate Per Acre | Rate Per Tank | Total Product Applied |
|-------------------------|-----------------|---------------------|----------------|---------------------|------------|-----------|------------------|---------------|---------------|-----------------------|
| IAP Dormant Oil | 71058-2 | 98.0 - Mineral Oil | CHERRIES-SWEET | MITE | 4.00Hours | 0.00 Days | 3.00 ga | 5.00 ga | 15.00 ga | 0.00 ga |
| Eraser | 62719-220-71058 | 44.9 - chlorpyrifos | CHERRIES-SWEET | MEALY PLUM APHID | 4.00Days | 0.00 Days | 1.20 qt | 2.00 qt | 6.00 qt | 0.00 qt |
| Mor-Bor 17 | | Boron 17% | <CROP> | | Not Specif | 0.00 Days | 1.80 unit | 3.00 unit | 9.00 unit | 0.00 unit |
| Champo WG | 55146-1 | Copper hydroxide-50 | CHERRIES-SWEET | BACTERIAL CANKER | 48.00Hours | Days | 3.00 lb | 5.00 lb | 15.00 lb | 0.00 lb |
| Blu-Min Lignin Zinc 10% | | Sulfur 5%, Zinc 10% | | | Not Specif | 0.00 Days | 0.60 ga | 1.00 ga | 3.00 ga | 0.00 ga |

5/8/17

*mon pm
10:30P
01:30a*

43°
39°

No SDS

*Σ K 2-3
2-4
2-5*

10/16

| Date | Start Time | End Time | Hours | Applicator | Tractor | Temp1 | Temp2 | Wind Direction |
|------------|---------------|------------|----------------|------------|---------|--------|-------------|----------------|
| 3-31 | 7:00 a | 10:30 a | 3.5 | T.H. | SS25 | 45 | 56 | W |
| # of Tanks | Treated Acres | Spray Rate | License Number | Sprayer | Air | Ground | Chemigation | Wind Speed |
| 2 | | | | | | X | | 4 |

| | | | | | |
|--|---|---|---|---|---|
| <input type="checkbox"/> 1 - dump/apple | <input checked="" type="checkbox"/> 2 - Peach Orchard | <input type="checkbox"/> 3 - Up Hill Bings | <input type="checkbox"/> 4 - Old Lambert | <input type="checkbox"/> 4B - 7 Row | <input checked="" type="checkbox"/> 4C - Skeena |
| <input checked="" type="checkbox"/> 5 - Gravenstein Regina | <input type="checkbox"/> 6 - Sweethearts | <input type="checkbox"/> 7 - Little Ann/Alfalfa | <input type="checkbox"/> 8 - House Anns | <input type="checkbox"/> 9 - Gholston/Jens | <input type="checkbox"/> 10 - Fisher Point |
| <input type="checkbox"/> 11 - N Regina | <input type="checkbox"/> 12 - Junk Regina | <input type="checkbox"/> 15 - Peach Lamberts | <input type="checkbox"/> 18 - Lapins | <input type="checkbox"/> 20 - Helseth Bings | <input type="checkbox"/> L1 - Top South |
| <input type="checkbox"/> L2 - Peach RA | <input type="checkbox"/> L3 - Sunset Bings | <input type="checkbox"/> L4 - Empty | <input type="checkbox"/> L5 - Top RA Middle | <input type="checkbox"/> <NEW FIELD> | <input type="checkbox"/> House Bings |
| <input type="checkbox"/> 9 - Gholston/Jens | <input type="checkbox"/> 10 - Fisher Point | <input type="checkbox"/> 11 - N Regina | <input type="checkbox"/> 1 - dump/apple | <input type="checkbox"/> 2 - Peach Orchard | <input type="checkbox"/> 3 - Up Hill Bings |
| <input checked="" type="checkbox"/> 4 - Old Lambert | <input type="checkbox"/> 4B - 7 Row | <input type="checkbox"/> 4C - Skeena | <input type="checkbox"/> 5 - Gravenstein Regina | <input type="checkbox"/> 6 - Sweethearts | <input type="checkbox"/> 7 - Little Ann/Alfalfa |
| <input type="checkbox"/> 8 - House Anns | <input type="checkbox"/> House Bings | <input type="checkbox"/> 12 - Junk Regina | <input type="checkbox"/> 15 - Peach Lamberts | <input type="checkbox"/> 18 - Lapins | <input type="checkbox"/> 20 - Helseth Bings |
| <input type="checkbox"/> L1 - Top South | <input type="checkbox"/> L2 - Peach RA | <input type="checkbox"/> L3 - Sunset Bings | <input type="checkbox"/> L4 - Empty | <input type="checkbox"/> L5 - Top RA Middle | <input type="checkbox"/> <NEW FIELD> |
| <input type="checkbox"/> 12 - Junk Regina | <input type="checkbox"/> 15 - Peach Lamberts | <input type="checkbox"/> 18 - Lapins | <input type="checkbox"/> 20 - Helseth Bings | <input type="checkbox"/> L1 - Top South | <input type="checkbox"/> L2 - Peach RA |
| <input type="checkbox"/> L3 - Sunset Bings | <input type="checkbox"/> L4 - Empty | <input type="checkbox"/> L5 - Top RA Middle | <input type="checkbox"/> 9 - Gholston/Jens | <input type="checkbox"/> 10 - Fisher Point | <input type="checkbox"/> 11 - N Regina |
| <input type="checkbox"/> 1 - dump/apple | <input type="checkbox"/> 2 - Peach Orchard | <input type="checkbox"/> 3 - Up Hill Bings | <input type="checkbox"/> 4 - Old Lambert | <input type="checkbox"/> 4B - 7 Row | <input type="checkbox"/> 4C - Skeena |
| <input type="checkbox"/> 5 - Gravenstein Regina | <input type="checkbox"/> 6 - Sweethearts | <input type="checkbox"/> 7 - Little Ann/Alfalfa | <input type="checkbox"/> 8 - House Anns | <input type="checkbox"/> House Bings | <input type="checkbox"/> <NEW FIELD> |

| Date | Start Time | End Time | Hours | Applicator | Tractor | Temp1 | Temp2 | Wind Direction |
|------------|---------------|------------|----------------|------------|---------|--------|-------------|----------------|
| 4-1 | 4:00 a | 7:30 a | 3.5 | T.H. | 2855 | 43 | 46 | W |
| # of Tanks | Treated Acres | Spray Rate | License Number | Sprayer | Air | Ground | Chemigation | Wind Speed |
| 2 | | | | | | X | | 2 |

| | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> 1 - dump/apple | <input type="checkbox"/> 2 - Peach Orchard | <input checked="" type="checkbox"/> 3 - Up Hill Bings | <input type="checkbox"/> 4 - Old Lambert | <input type="checkbox"/> 4B - 7 Row | <input type="checkbox"/> 4C - Skeena |
| <input type="checkbox"/> 5 - Gravenstein Regina | <input type="checkbox"/> 6 - Sweethearts | <input type="checkbox"/> 7 - Little Ann/Alfalfa | <input type="checkbox"/> 8 - House Anns | <input type="checkbox"/> 9 - Gholston/Jens | <input type="checkbox"/> 10 - Fisher Point |
| <input type="checkbox"/> 11 - N Regina | <input type="checkbox"/> 12 - Junk Regina | <input type="checkbox"/> 15 - Peach Lamberts | <input type="checkbox"/> 18 - Lapins | <input type="checkbox"/> 20 - Helseth Bings | <input type="checkbox"/> L1 - Top South |
| <input type="checkbox"/> L2 - Peach RA | <input checked="" type="checkbox"/> L3 - Sunset Bings | <input type="checkbox"/> L4 - Empty | <input type="checkbox"/> L5 - Top RA Middle | <input type="checkbox"/> <NEW FIELD> | <input type="checkbox"/> House Bings |
| <input type="checkbox"/> 9 - Gholston/Jens | <input type="checkbox"/> 10 - Fisher Point | <input type="checkbox"/> 11 - N Regina | <input type="checkbox"/> 1 - dump/apple | <input type="checkbox"/> 2 - Peach Orchard | <input type="checkbox"/> 3 - Up Hill Bings |
| <input type="checkbox"/> 4 - Old Lambert | <input type="checkbox"/> 4B - 7 Row | <input type="checkbox"/> 4C - Skeena | <input type="checkbox"/> 5 - Gravenstein Regina | <input type="checkbox"/> 6 - Sweethearts | <input type="checkbox"/> 7 - Little Ann/Alfalfa |
| <input type="checkbox"/> 8 - House Anns | <input type="checkbox"/> House Bings | <input type="checkbox"/> 12 - Junk Regina | <input type="checkbox"/> 15 - Peach Lamberts | <input type="checkbox"/> 18 - Lapins | <input type="checkbox"/> 20 - Helseth Bings |
| <input type="checkbox"/> L1 - Top South | <input type="checkbox"/> L2 - Peach RA | <input type="checkbox"/> L3 - Sunset Bings | <input type="checkbox"/> L4 - Empty | <input type="checkbox"/> L5 - Top RA Middle | <input type="checkbox"/> <NEW FIELD> |
| <input type="checkbox"/> 12 - Junk Regina | <input type="checkbox"/> 15 - Peach Lamberts | <input type="checkbox"/> 18 - Lapins | <input type="checkbox"/> 20 - Helseth Bings | <input type="checkbox"/> L1 - Top South | <input type="checkbox"/> L2 - Peach RA |
| <input type="checkbox"/> L3 - Sunset Bings | <input type="checkbox"/> L4 - Empty | <input type="checkbox"/> L5 - Top RA Middle | <input type="checkbox"/> 9 - Gholston/Jens | <input type="checkbox"/> 10 - Fisher Point | <input type="checkbox"/> 11 - N Regina |
| <input type="checkbox"/> 1 - dump/apple | <input type="checkbox"/> 2 - Peach Orchard | <input type="checkbox"/> 3 - Up Hill Bings | <input type="checkbox"/> 4 - Old Lambert | <input type="checkbox"/> 4B - 7 Row | <input type="checkbox"/> 4C - Skeena |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5 - Gravenstein Regina

6 - Sweethearts

7 - Little Ann/Alfalfa

8 - House Anns

House Bings

<NEW FIELD>

| Date | Start Time | End Time | Hours | Applicator | Tractor | Temp1 | Temp2 | Wind Direction |
|------------|---------------|------------|----------------|------------|---------|--------|-------------|----------------|
| 4-3 | 7:00 | 10:00 | 3 | T+K | | 35 | 44 | — |
| # of Tanks | Treated Acres | Spray Rate | License Number | Sprayer | Air | Ground | Chemigation | Wind Speed |
| T-2 K-1 | | | | | | X | | calm |

| | | | | | |
|---|---|---|--|--|---|
| <input type="checkbox"/> 1 - dump/apple | <input checked="" type="checkbox"/> 2 - Peach Orchard | <input type="checkbox"/> 3 - Up Hill Bings | <input type="checkbox"/> 4 - Old Lambert | <input checked="" type="checkbox"/> 4B - 7 Row | <input type="checkbox"/> 4C - Skeena |
| <input type="checkbox"/> 5 - Gravenstein Regina | <input type="checkbox"/> 6 - Sweethearts | <input type="checkbox"/> 7 - Little Ann/Alfalfa | <input type="checkbox"/> 8 - House Anns | <input type="checkbox"/> 9 - Gholston/Jens | <input type="checkbox"/> 10 - Fisher Point |
| <input checked="" type="checkbox"/> 11 - N Regina | <input checked="" type="checkbox"/> 12 - Junk Regina | <input type="checkbox"/> 15 - Peach Lamberts | <input type="checkbox"/> 18 - Lapins | <input checked="" type="checkbox"/> 20 - Helseth Bings | <input type="checkbox"/> L1 - Top South |
| <input type="checkbox"/> L2 - Peach RA | <input type="checkbox"/> L3 - Sunset Bings | <input type="checkbox"/> L4 - Empty | <input type="checkbox"/> L5 - Top RA Middle | <input type="checkbox"/> <NEW FIELD> | <input type="checkbox"/> House Bings |
| <input type="checkbox"/> 9 - Gholston/Jens | <input type="checkbox"/> 10 - Fisher Point | <input type="checkbox"/> 11 - N Regina | <input checked="" type="checkbox"/> 1 - dump/apple | <input checked="" type="checkbox"/> 2 - Peach Orchard | <input type="checkbox"/> 3 - Up Hill Bings |
| <input type="checkbox"/> 4 - Old Lambert | <input type="checkbox"/> 4B - 7 Row | <input type="checkbox"/> 4C - Skeena | <input type="checkbox"/> 5 - Gravenstein Regina | <input type="checkbox"/> 6 - Sweethearts | <input type="checkbox"/> 7 - Little Ann/Alfalfa |
| <input type="checkbox"/> 8 - House Anns | <input type="checkbox"/> House Bings | <input type="checkbox"/> 12 - Junk Regina | <input type="checkbox"/> 15 - Peach Lamberts | <input type="checkbox"/> 18 - Lapins | <input type="checkbox"/> 20 - Helseth Bings |
| <input type="checkbox"/> L1 - Top South | <input type="checkbox"/> L2 - Peach RA | <input type="checkbox"/> L3 - Sunset Bings | <input type="checkbox"/> L4 - Empty | <input type="checkbox"/> L5 - Top RA Middle | <input type="checkbox"/> <NEW FIELD> |
| <input type="checkbox"/> 12 - Junk Regina | <input type="checkbox"/> 15 - Peach Lamberts | <input type="checkbox"/> 18 - Lapins | <input type="checkbox"/> 20 - Helseth Bings | <input type="checkbox"/> L1 - Top South | <input type="checkbox"/> L2 - Peach RA |
| <input type="checkbox"/> L3 - Sunset Bings | <input type="checkbox"/> L4 - Empty | <input type="checkbox"/> L5 - Top RA Middle | <input type="checkbox"/> 9 - Gholston/Jens | <input type="checkbox"/> 10 - Fisher Point | <input type="checkbox"/> 11 - N Regina |
| <input type="checkbox"/> 1 - dump/apple | <input type="checkbox"/> 2 - Peach Orchard | <input type="checkbox"/> 3 - Up Hill Bings | <input type="checkbox"/> 4 - Old Lambert | <input type="checkbox"/> 4B - 7 Row | <input type="checkbox"/> 4C - Skeena |
| <input type="checkbox"/> 5 - Gravenstein Regina | <input type="checkbox"/> 6 - Sweethearts | <input type="checkbox"/> 7 - Little Ann/Alfalfa | <input type="checkbox"/> 8 - House Anns | <input type="checkbox"/> House Bings | <input type="checkbox"/> <NEW FIELD> |

4-3 43 39
 10:30 - 01:30 K-3 T-3
 1, 4, 6 11, 15, 8

4-5 05:00 8:30 K-3 T-2
 7, 8, 12 9, 18,

T-1 #6
 05:00 - 08:00

T-1 #9, 10
 05:00 - 06:30

20 lbs Copper
 30 lbs 20-20-20
 24 oz Success

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OR-OSHA SMALL AGRICULTURAL EMPLOYER EXEMP
WORKSHEET/FIELD NOTES
(Revised 10/30/14)

Page 18
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Firm Hudson OPT RPT # S2025-018-17

Date 5/11/17

Farm side only

SMALL AGRICULTURAL EMPLOYER? Yes ☒ No ☐ Number of Employees 10

(For purposes of determining the number of employees, members of the agricultural employer's immediate family are excluded. This includes grandparents, parents, children, step-children, foster children and any blood relative living as a dependent of the core family.)

Exemption does not apply to Complaints, Accidents, ALH, or Field Sanitation Inspections.

DETERMINATION OF EXEMPTION FROM SCHEDULED INSPECTION

1. Has there been an accident resulting in death, in-patient hospitalization or injury resulting in more than 3 days of lost work within the last two-years preceding the date of the inspection that was the result of a violation of OR-OSHA rules?

Yes ☐ No ☒ Date of Accident _____

Did OR-OSHA do an Accident Investigation? Yes ☐ No ☐

2. Have the employer ~~and~~ principal supervisors completed 4 hours of annual instruction on agriculture safety and health?

Yes ☐ No ☒

him & son (familiar)
NO CORRECTION
SAIS for him

Date of Instruction _____ Duration of Instruction _____

Name of Provider _____

Subject of Instruction _____

Signature of the Provider Yes ☐ No ☐

Certified Applicator Training Core A & B by Oregon Dept of Ag = 1 hour per year.
Attendance during comprehensive consultation is acceptable as instruction.

3. Has the employer had a comprehensive consultation in the past 4 years?

Yes ☐ No ☒ Who provided consultation? _____

Verify through questioning if all problems identified during the consultation were corrected.
You cannot ask to see the consultation report.

Corrected: Yes ☐ No ☐ If No, why do you believe they were not corrected?

**OR-OSHA SMALL AGRICULTURAL EMPLOYER EXEMPTION
WORKSHEET/FIELD NOTES
(Revised 10/30/14)**

Firm _____ OPT RPT # _____

Date _____

If the employer does not meet all the criteria for exemption, conduct planned inspection activity.

If the employer meets ALL the inspection exemption requirements, YOUR time will go to a partial inspection with an OSHA-1 and INSPECTION NUMBER. Remember to mark "S-11-AG EXEMPT" in field 42 on the OSHA-1.

ADDRESSING OBSERVED HAZARDS WHEN EMPLOYER EXEMPT FROM INSPECTION

If the S/HCO observes an imminent danger situation or a serious hazard with employee exposure they will inform the employer the scope of the inspection is being expanded to address the situation and a citation issued if there is a violation of OR-OSHA rules. The inspection and citation will be limited to the imminent danger or serious hazard situation.

If the S/HCO observes a hazard that would be classified as serious but there is no employee exposure, the hazard will be discussed with the employer and immediate correction will be requested. A hazard letter will be sent to address the issue. The inspection and hazard letter will be limited to the serious hazard observed.

If the S/HCO observes a hazard that would be classified as other than serious the employer should be informed of the hazard and document it in the report. No citation will be issued.

NOTES

KT
1-17
No
Soap

05/11/2017 09:21

Page 20
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Storage
No employee
exposure

05/11/2017 09:43

Page 21
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Inside
Container
No employee
exposure

05/11/2017 09:44

Pesticide Application Record for Mosier Creek Orchards (farm unit, business name, etc.)

| Year: 2016 | Date: MO/DA | Crop and Target Pest | Blocks Location* | Wind Speed/Direction/Temp. | Active Ingredient* | Brand or Product Name | EPA Registration Number* | # of Units or Acres | Total Amount of Product (oz., lb., pt., qt., gal., indicator) | Applicator Information | Restricted Re-entry Interval* | Duration (HOURS) | Expiration (Mo/Da/Time) |
|------------|---------------------|----------------------|------------------|----------------------------|----------------------|-----------------------|--------------------------|---------------------|---|------------------------|-------------------------------|------------------|-------------------------|
| | Time* | | | | | | | | | | | | |
| | 5/18-19-10 PM-3 AM | Cherry | 2-4-6-9-10-12-20 | | Cheminol | Nufos 9E | 6-9760-28 | 49.8 | 2 qts per acre | G | 4 Days Dry 48 | 5/25 4 PM | |
| | 11 PM-4 AM | " | 6-1-2-3-5 | | Blue-Min | | | 11.7 | 1 G per acre | " | 48 | " | |
| | " | " | " | | Genesis | | | " | 3 lbs per acre | " | 48 | " | |
| | " | " | " | | Nufarm Champ WG | | 55146-1 | " | 5 lbs per acre | " | 48 | " | |
| | 3/26 6 AM-8 AM | " | 1-5-10-11-12 | | IAP Dormant Oil | | 71058-2 | " | 1 G per acre | " | 48 | " | |
| | " | " | " | | Genesis | | | " | 3 lbs per acre | " | 48 | " | |
| | " | " | " | | Nufarm Champ WG | | 55146-1 | " | 5 lbs per acre | " | 48 | " | |
| | " | " | " | | IAP Dormant Oil | | 71058-2 | " | 1 G per acre | " | 48 | " | |
| | 5/18-5/10 9 PM-1 AM | " | 1-6-9-14-16-20 | | Rotam Montane Fertil | | 83100-21-2577 | 54.5 | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Quintec | | 73100-21-2577 | 3.7 | 2 1/2 G PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Genesis Calcium | | 73100-21-2577 | " | 15 lbs PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Microthiol DF Sulfur | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Mostane | | 70506-187 | " | 15 lbs PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Microthiol DF Sulfur | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Pro-Gibb | | 70506-187 | " | 15 lbs PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Lambda | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Genesis Calcium | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Microthiol DF Sulfur | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Marion | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Genesis | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Quintec | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Gem 800 EC | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Albion Metalosate Ca | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Pristine | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Danitol | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Chthon HLV | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Danitol | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Quintec | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Danitol | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Pristine | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Albion Metalosate Ca | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
| | " | " | " | | Danitol | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
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| | " | " | " | | Danitol | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
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| | " | " | " | | Pristine | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
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| | " | " | " | | Danitol | | 73049-15 | " | 100% PA | " | 12 | 5/11 7 AM | |
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Inspection closing

COHEN Lori L * DCBS

Hi Ken,

I need a little more information from you before we close the inspection:

Jose said he saw a video regarding pesticide safety. When was that and what was the source?

I THINK HE WATCHED IT LAST YEAR OR THE YEAR BEFORE
PICTURE OF VIDEO INCLUDED 2015-2016

For my records, on the day I was there, what were Jose's tasks?

PRUNING & STACKING BRUSH FROM CHERRY TREES

What is your certification (PAL) number and expiration date?

AG- L0090242 PAL EXPIRES 12/31/2018
KENNETH E. HUDSON

Again, what I am waiting for are the OSHA 300 logs for 2015 and 2014 and the OSHA 300As for 2014, 2015, and 2016.

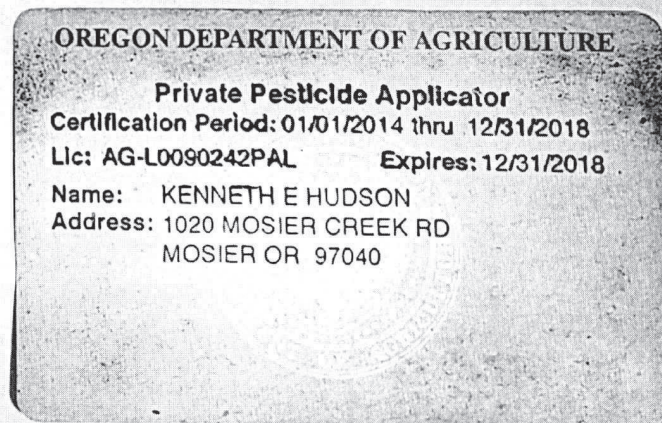
Also, would you be available on Thursday, May 25 for a phone close? If so, what time is best?

Thanks.

Lori Cohen
Industrial Hygienist
Health Compliance Officer
OR-OSHA, Portland Field Office

Durham Plaza
16760 SW Upper Boones Ferry Road, Ste 200
Tigard, OR 97224

PH: 971-673-2894
FX: 971-673-2901





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*Enriched with vegetable glycerin and formulated
with no added fragrances for extra sensitive skin.*

Pesticide Safety Worker Protection

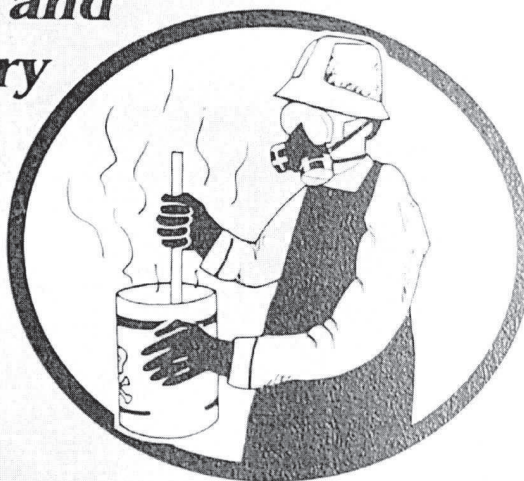
English and Spanish
Versions Included

*Agricultural
Workers*



VIDEO VKSH
HOOD RIVER SUPPLY
FA \$ 1999
EACH

*Handlers and
Early-Entry
Workers*



*College of
Agriculture*
University of Idaho

OSHA's Form 300
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 14
Department of Consumer & Business Services
Oregon Occupational Safety & Health Division (OR-OSHA)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, is away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health-care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in OAR 437-001-0700. Use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (DCBS form 801) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OR-OSHA office for help.

Establishment name: Mosier Creek Orchard
City: Mosier State: OR

| Identify the person | | | Describe the case | | Classify the case | | | | | | Check the "Injury" column or choose one type of illness: | | | | | | | | |
|---------------------|------------------------|--------------------------------------|---|---|--|--|--------------------------|---------------------------------------|------------------------------------|---|--|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| (A) Use no. | (B) Employee's name | (C) Job title (e.g., "welder") | (D) Date of injury or of illness | (E) Where the event occurred (e.g., "loading dock- north end") | (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., "second- degree burns on right forearm from acetylene torch") | Using these four categories, check only the most serious result for each case: | | | | Enter the number of days the injured or ill worker was: | | | | | | | | | |
| | | | | | | Death: Days away from work | | Remained at work | | Away from work | | On job transfer or restriction | | | | | | | |
| | | | | | | (G) | (H) | Job transfer or restriction (I) | Other record- able cases (J) | (K) | (L) | (M) | (1) | (2) | (3) | (4) | (5) | (6) | |
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| | | | month day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | days | days | | | | | | | | |

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

| Total number of deaths | Total number of cases with days away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|------------------------|--|--|--|
| <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| <u>0</u> | <u>0</u> |
| (K) | (L) |

Injury and Illness Types

| Total number of... (M) | | | |
|---------------------------|----------|-------------------------|----------|
| (1) Injury | <u>0</u> | (4) Poisoning | <u>0</u> |
| (2) Skin Disorder | <u>0</u> | (5) Hearing Loss | <u>0</u> |
| (3) Respiratory Condition | <u>0</u> | (6) All Other Illnesses | <u>0</u> |

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Mosier Creek Orchard
Street 1020 Mosier Creek Road
City Mosier State OR 97046
Industry description (e.g., Manufacture of motor truck trailers)
Cherry Orchard
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 58
Total hours worked by all employees last year 14,715

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge it is true and complete.

Joan M. Hudson
Company executive
541-478-3409
Phone

12/31,

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ing of Work-Related Injuries and Illnesses

Year 20 15

Department of Consumer & Business Services
Oregon Occupational Safety &
Health Division (OR-OSHA)

Establishment name: Mosier Creek Orchards
City: Mosier State: OR

Use this form to record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health-care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in OAR 437-001-0700. Use two lines for a single case if you do. You must complete an Injury and Illness Incident Report (DCBS form 801) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is able, call your local OR-OSHA office for help.

| Identify the person | | Describe the case | | | Classify the case | | | | | | Check the "Injury" column and choose one type of illness: | | | | | | | | |
|---------------------|------------------------|--------------------------------------|---|---|--|--|--------------------------|--------------------------------|-----------------------------|----------------|---|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (A) no. | (B) Employee's name | (C) Job title (e.g., "welder") | (D) Date of injury or of illness | (E) Where the event occurred (e.g., "loading dock- north end") | (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., "second- degree burns on right forearm from acetylene torch") | Using these four categories, check only the most serious result for each case: | | | | | | Enter the number of days the injured or ill worker was: | | | | | | | |
| | | | | | | Death: Days away from work | | Remained at work | | | | | | | | | | | |
| | | | | | | | | Job transfer or restriction | Other record- able cases | Away from work | On job transfer or restriction | | | Injury | Skin disorder | Respiratory condition | Poisoning | Hearing loss | All other illnesses |
| | | | | | | (G) | (H) | (I) | (J) | (K) | (L) | | | (1) | (2) | (3) | (4) | (5) | (6) |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | | | | | | | | | | | | | | |

OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

Establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

| Total number of cases | Total number of cases with days away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|-----------------------|--|--|--|
| 0 | 0 | 0 | 0 |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0 | 0 |
| (K) | (L) |

Injury and Illness Types

| Total number of... | | | |
|-----------------------|---|-------------------------|---|
| (M) | | | |
| Injury | 0 | (4) Poisoning | 0 |
| Skin Disorder | 0 | (5) Hearing Loss | 0 |
| Respiratory condition | 0 | (6) All Other Illnesses | 0 |

Complete this Summary page from February 1 to April 30 of the year following the year covered by the form.

The reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and existing data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it is shown to be necessary by the Department of Labor. Send comments regarding this burden estimate or any aspect of this data collection, including suggestions for reducing the burden, to Washington, DC 20210, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Mosier Creek Orchards
Street 1020 Mosier Creek Road
City Mosier State OR
Industry description (e.g., Manufacture of motor truck trailers) Cherry orchard 97040
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 58
Total hours worked by all employees last year 13,290

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge it is true and complete.

James M. Hudson - Owner
Company executive
541-478-3409 12/
Phone

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OSHA's Form 300

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 16
Department of Consumer & Business Services
Oregon Occupational Safety &
Health Division (OR-OSHA)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health-care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in OAR 437-001-0700. Use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (DCBS form 801) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OR-OSHA office for help.

Establishment name: Mosier Creek Orchards
City: Mosier State: OR

| Identify the person | | Describe the case | | Classify the case | | | | | | | | | | | | | |
|---------------------|------------------------|--------------------------------------|---|---|--|--|--------------------------|--------------------------------|-----------------------------|---|-----------------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (A) Case no. | (B) Employee's name | (C) Job title (e.g., "welder") | (D) Date of injury or of illness | (E) Where the event occurred (e.g., "loading dock- north end") | (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., "second- degree burns on right forearm from acetylene torch") | Using these four categories, check only the most serious result for each case: | | | | Enter the number of days the injured or ill worker was: | | Check the "Injury" column or choose one type of illness: (M) | | | | | |
| | | | | | | Death | Days away from work | Job transfer or restriction | Other record- able cases | Away from work | On job transfer or restriction | Injury | Skin disorder | Respiratory condition | Poisoning | Hearing loss | Other illnesses |
| | | | | | | (G) | (H) | (I) | (J) | (K) | (L) | (1) | (2) | (3) | (4) | (5) | (6) |
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OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

| Total number of deaths | Total number of cases with days away from work | Total number of cases with job transfer or restriction | Total number of other recordable cases |
|------------------------|--|--|--|
| 0 | 0 | 0 | 0 |
| (G) | (H) | (I) | (J) |

Number of Days

| Total number of days away from work | Total number of days of job transfer or restriction |
|-------------------------------------|---|
| 0 | 0 |
| (K) | (L) |

Injury and Illness Types

| Total number of... | (1) Injury | (2) Skin Disorder | (3) Respiratory Condition | (4) Poisoning | (5) Hearing Loss | (6) All Other Illnesses |
|--------------------|------------|-------------------|---------------------------|---------------|------------------|-------------------------|
| (M) | 0 | 0 | 0 | 0 | 0 | 0 |

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

| | |
|---|------------------------|
| Establishment information | |
| Your establishment name | Mosier Creek Orchards |
| Street | 1020 Mosier Creek Road |
| City | Mosier State OR 97040 |
| Industry description (e.g., Manufacture of motor truck trailers) | Cherry orchard |
| Standard Industrial Classification (SIC), if known (e.g., SIC 3715) | |
| OR North American Industrial Classification (NAICS), if known (e.g., 336212) | |
| Employment information | |
| Annual average number of employees | 91 |
| Total hours worked by all employees last year | 13,071 |
| Sign here | |
| Knowingly falsifying this document may result in a fine. | |
| I certify that I have examined this document and that to the best of my knowledge complete. | |
| Joan M. Hudson - Owner | |
| Company executive | |
| 541-478-3409 | |
| Phone 12/31/ | |

Oregon Department of Consumers and Business Services
Oregon Occupational Safety and Health Division (OR-OSHA)



Inspection Report

Thu Jun 08, 2017 03:26 PM

\$5

| Rpt ID | CSHO ID | Supervisor ID | Inspection No. | Opt. Insp. No. |
|---------|---------|---------------|-----------------|----------------|
| 1054191 | S2025 | Q2473 | 317716909(91) ✓ | S2025-018-17 ✓ |

| | | | | | | | |
|--------------------|--|--|--|--------------------------------|--|---------------|--|
| Establishment Name | | | | Kenneth Hudson & Joan Hudson ✓ | | | |
| Site Address ✓ | 1020 Mosier Creek Rd Mosier, OR 97040 | | | Site Phone | | Site FAX | |
| Mailing Address ✓ | 1020 Mosier Creek Rd Mosier, OR 97040 | | | Mail Phone | | Mail FAX | |
| Controlling Corp | | | | Employer ID | | 7015852-000 ✓ | |
| Ownership | | | | A. PRIVATE SECTOR ✓ | | | |
| Legal Entity | | | | PARTNERSHIP ✓ | | | |

| | | | | | |
|---------------------------|----------|-----------------|----------|--------------|----------|
| Employed in Establishment | 2 | Advance Notice? | | Category | Health ✓ |
| Covered by Inspection | 2 | Union? | | Interviewed? | Yes |
| Controlled by Employer | 2 | Walkaround? | | | |
| Primary NAICS | 111339 ✓ | NAICS Inspected | 111339 ✓ | | |

| | |
|----------------------|------------------------|
| Inspection Type | Programmed Planned ✓ |
| Reason No Inspection | |
| Scope of Inspection | Partial Inspection ✓ |
| Classification | Health Manufacturing ✓ |

| | | | | | |
|------------------------------|--|-------------|----------------|---------------|-----------|
| Anticipatory Warrant Served? | | Denial Date | Date ReEntered | Date ReDenial | ReEntered |
| Anticipatory Supoena Served? | | | | | |

| | | | |
|--------------------|--------------|--------------------------|--------------|
| Entry | | First Closing Conference | 05/25/2017 ✓ |
| Opening Conference | 05/11/2017 ✓ | Second Closing Conf. | |
| Walkaround | | Exit | |
| Days On Site | 2 | Case Closed | 11/20/2017 |
| | | Citations Issued | Yes |

| |
|--|
| Local Emphasis |
| PESTICIDE - PESTICIDE HANDLING AND APPLICATION ✓ |

| Optional Information | | |
|----------------------|----|------------------------|
| Type | ID | Description |
| S | 1 | 02- 2 ✓ |
| S | 11 | AG HEALTH 10 OR LESS ✓ |
| S | 12 | Ken Hudson ✓ |
| S | 4 | Spanish-1 ✓ |
| S | 6 | FIXED ✓ |
| S | 8 | WPS-1 ✓ |

Inspection Report

Page 1 of 2

OSHA-1(Rev. 7/02)

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6/14/17

JUN 16 '17 OR OSHA 500

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